ROCKEFELLER
OCT 14 1919
FOUNDATION

Vol. X JULY, 1919. No. 7

THE OHIO PUBLIC HEALTH JOURNAL

ISSUED MONTHLY BY

THE STATE DEPARTMENT OF HEALTH

COLUMBUS, OHIO

Entered as second-class matter at the Postoffice at Columbus, Ohio, under the Act of August 24, 1912. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized July 10, 1918.

NOTICE OF REMOVAL

After September 15 all divisions and bureaus of the State Department of Health except the Division of Laboratories will have their offices on the fifth floor of the Clinton Building, northeast corner of High and Chestnut Streets, Columbus. The Laboratories will remain in their present location on the Ohio State University campus. After the removal all specimens for laboratory examination and letters relating thereto should be addressed: "State Department of Health, Division of Laboratories, Ohio State Uuiversity Campus, Columbus, Ohio," and all other communications should be sent to the new offices in the Clinton Building.

NEW LEGISLATION NUMBER

CONTAINING TEXT OF NEW HEALTH LAWS

STATE DEPARTMENT OF HEALTH.

Public Health Council.

CHARLES O. PROBST, M. D. ..... Columbus
W. I. JONES, D. D. S. ..... Columbus
ROBERT M. CALFEE ..... Cleveland
GEORGE D. LUMMIS, M. D., *Chairman* ..... Middletown
ALLEN W. FREEMAN, M. D., *Commissioner* ..... Columbus
JAMES E. BAUMAN, *Secretary.*

OFFICIAL STAFF.

Division of Administration.

ALLEN W. FREEMAN, M. D. ..... *Commissioner of Health*
JAMES E. BAUMAN ..... *Deputy Commissioner*
VINTON E. MCVICKER, A. B. ..... *Publicity Director*
FRANK L. DELONG ..... *Financial Clerk*

DISTRICT SUPERVISORS.

C. H. SKEEN, M. D. ..... *District No. 1*
P. K. HOLMES, M. D. ..... *District No. 2*
_____, ... *District No. 3*
WALTER S. BENNET, M. D. *District No. 4*
J. A. FRANK, M. D. ..... *District No. 5*
C. R. DEEDS, M. D. ..... *District No. 6*
HENRY E. KOCK, M. D. .. *District No. 7*
E. R. SHAFFER, M. D. .... *District No. 8*

Division of Hygiene.

JOHN R. MCDOWELL, M. D. ..... *Director*

BUREAU OF TUBERCULOSIS.

_____, ... *Chief*

BUREAU OF CHILD HYGIENE.

FRANCES M. HOLLINGSHEAD, M. D. *Chief*

BUREAU OF PUBLIC HEALTH NURSING.

HULDA ALICE CRON, R. N. ..... *Chief*
EFFIE R. STINEHOUR, R. N. ..... *Public Health Nurse*
MRS. JEAN GRAHAM, R. N. ..... *Public Health Nurse*

BUREAU OF VENEREAL DISEASES.

JOSEPH M. SHAPIRO, M. D. ..... *Chief*

BUREAU OF HOSPITALS.

H. J. SOUTHMAYD ..... *Chief*

BUREAU OF PREVENTION OF BLINDNESS.

JESSIE L. CHAPMAN, R. N. ..... *Chief*

Division of Sanitary Engineering.

W. H. DITTOE ..... *Director and Chief Engineer*
M. Z. BAIR ..... *Assistant Engineer*
F. HOLMAN WARING ..... *Assistant Engineer*
F. D. STEWART ..... *Assistant Engineer*
H. W. GOCHNAUER ..... *Assistant Engineer*
Q. A. CAMPBELL ..... *Assistant Engineer*

Division of Laboratories.

L. H. VAN BUSKIRK, B. S. IN CHEM. ENG. ..... *Director*
R. V. STORY, M. A. ..... *Chief Bacteriologist*
MARY E. KLINE, M. A. ..... *Assistant Bacteriologist*
J. S. MCCUNE, PH. B. ..... *Chemist*
E. G. WILL, B. S. ..... *Assistant Chemist*
STELLA B. MILBURN, B. SC. ..... *Assistant Chemist*
A. N. THURSTON, M. A. ..... *Assistant Chemist*
MADELINE BAIRD, A. B. ..... *Assistant Chemist*
T. A. DICKERSON, A. B. ..... *Assistant Chemist*

Division of Industrial Hygiene.

_____, ... *Director*
E. R. HAYHURST, M. D. ..... *Consultant*

Division of Communicable Diseases.

E. J. SCHWARTZ, M. D. ..... *Director and Epidemiologist*
J. A. FRANK, M. D. ..... *Assistant Epidemiologist*
ETHEL D. YOUNG, A. B. ..... *Statistician*

Division of Plumbing Inspection.

WILLIAM F. DUFFY ..... *Director and State Inspector*
ADEN E. SMITH ..... *Deputy State Inspector*
_____, ... *Deputy State Inspector*

Digitized by the Internet Archive
in 2026

https://archive.org/details/ohios-health_1919-07_10_7

TABLE OF CONTENTS

PAGE

EDITORIALS —
- What the Legislature Did in Regard to Public Health 250
- Changes in Organization of State Department of Health 251
- Venereal Disease Control Aided by Removal of Bureau 251
- Hospital Survey and Supervision Begun 252
- Big Opportunities for Health Workers in Ohio 253
- New Venereal Disease Publication Issued 253
- What the Supervisors Will Do for Ohio's Health 254

State Health Exhibit at County Fairs 254

Information Regarding Appointments as District Health Commissioner 255

State Is Districted for Health Supervision 256

PUBLIC HEALTH ENACTMENTS OF THE EIGHTY-THIRD GENERAL ASSEMBLY —
- Hughes Act, Reorganizing Local Health Administration 257
- Laws Relating to Sanitary Engineering —
  - Sanitary District Act 271
  - Bense Act Amendments 272
- County Sewer District Law 278
- Gorrell Act for Repression of Prostitution 278
- Laws Relating to the Control of Tuberculosis, as Amended by Eighty-third General Assembly 280
- News Laws Regarding Hospitals —
  - Hospital Supervision Act 287
  - County Hospital Law 288
  - County Hospital Contracts 292
- Miscellaneous Public Health Legislation —
  - Seal for Department 292
  - Local Public Health Nurses 293
  - Disposal of Bodies of Dead Animals 294
  - Washrooms at Mines 296
  - Use of Salamanders 296

City Infant Mortality Rates for 1918 Are Announced 297

Adenoids Handicap American Children 298

Has Your Community a Public Health Nurse? 299

News of the Department, Gleaned from Divisional Reports for June —
- Division of Communicable Diseases 300
- Division of Public Health Education and Tuberculosis 304
- Division of Industrial Hygiene 305
- Bureau of Publicity 306
- Division of Plumbing 306
- Division of Laboratories 307

PUBLIC HEALTH NOTES FROM OVER THE STATE — Ashtabula Opens Clinic — Typhoid Highest in Country — Laboratories Serve Physicians — May Nursing Report 308

Views of the Press on Public Health 308

The Ohio Public Health Journal

Vol. X JULY, 1919 No. 7

EDITORIALS

What the Legislature Did in Regard to Public Health

The new public health laws published in this issue of the OHIO PUBLIC HEALTH JOURNAL should convince every reader that the 1919 legislative session has, from the public health standpoint, been one of the most important in the State's history. Here is the summary of accomplishments:

(1) Reorganization of local health administrative agencies so as to create what is probably the best statewide system of local health organization in the country.

(2) Restoration to its original strength of the Bense Act, providing for the correction of stream pollution upon orders from the State Department of Health.

(3) Establishment of a plan whereby local political subdivisions may unite for the solution of their sanitary engineering problems.

(4) Provision of strong financial support for venereal disease control work and passage of a more stringent law for the suppression of prostitution.

(5) Establishment of a system of hospital supervision under the State Department of Health.

(7) Alterations in the tuberculosis hospital law to solve certain local difficulties.

(8) Amendments to increase the usefulness of the county sewer district law.

This record is one of which the State may well be proud. It is also one which should increase every health official's sense of responsibility for translating this legislation in terms of concrete results. As a result of the wide publicity which has been given the Hughes Act, Ohio is being watched throughout the country. To prove to thousands of interested observers that Ohio can do a job well when she sets out upon it, all of us who are interested in the State's public health progress must work together and work unceasingly during the next few years.

The possibilities of accomplishment are limited only by the amount of effort which we are willing to give.

Changes in Organization of State Department of Health

While the work of reorganizing the State for local public health activities has been in progress, the State Department of Health has also been preparing for more efficient work by remodeling its own internal organization.

The creation of a new Division of Hygiene, under which are grouped several bureaus carrying on hitherto independent branches of the Department's work, constitutes the basis of this reorganization. Dr. J. R. McDowell, heretofore Director of the Division of Public Health Education and Tuberculosis, has been placed at the head of the new division.

Included in the Division of Hygiene are the Bureau of Tuberculosis, under Dr. McDowell's personal direction; the Bureau of Venereal Diseases, headed by Dr. J. M. Shapiro; the Bureau of Child Hygiene, under the direction of Dr. Frances M. Hollingshead; the Bureau of Public Health Nursing, of which Miss Hulda Cron, R. N., is acting director; the Bureau of Prevention of Blindness, supervised by Miss Jessie Chapman, R. N., and the Bureau of Hospitals, in charge of H. J. Southmayd.

The Department activities along lines of hygiene which this reorganization groups together follow similar methods of operation and can be carried on more efficiently when co-ordinated in this manner. The change also relieves the Commissioner of Health of the detail work involved in the direct supervision of these several bureaus.

* * *

Venereal Disease Control Aided by Removal of Bureau

Better work for the control of venereal diseases in Ohio has been made possible by the removal of the office of the Bureau of Venereal Diseases of the State Department of Health from Cleveland to Columbus, where this phase of the Department's activities can be co-ordinated with the State's general public health program more closely than was possible when it was separated geographically.

At the time of the removal, Dr. H. N. Cole, director of the bureau since its organization shortly after the outbreak of the recent war, retired from active management of the work, although he continues in an advisory capacity. Dr. Cole has returned to his medical practice in Cleveland and to his instructional work in the College of Medicine of Western Reserve University. His service to the Department during a time when venereal disease control was unquestionably the most important problem facing public health officials was exceedingly valuable and was rendered at great personal sacrifice. He volunteered to serve without pay when

the work was begun and continued on this basis for some time, until funds for the support of his bureau were made available by the allotment of Federal funds to Ohio under the Chamberlain-Kahn Act. The State owes Dr. Cole a debt of gratitude.

The new director of the Bureau of Venereal Diseases, now a part of the Division of Hygiene, as related elsewhere in this magazine, is Dr. J. M. Shapiro, who was assistant director under Dr. Cole.*

Venereal disease control activities will hereafter be linked closely with other activities of the State Department of Health. No notable change in the four-sided program of medical treatment, law enforcement, education and recreation is contemplated at present. With the inauguration of the Hughes Act system of local health administration January 1, 1920, it is expected that venereal disease work, along with other activities for public health betterment, will be greatly strengthened. This work will be emphasized as one of the most important of the district health officer's duties, and the fight against venereal infections will in this manner be carried into every community — rural or urban — in the State.

* * *

Hospital Survey and Supervision Begun

"The Commissioner of Health shall have power to define and classify hospitals and dispensaries," declared an act passed by the legislature last spring. The State Department of Health is preparing to exercise the power thus granted. A Bureau of Hospitals has been created within the Department organization, to conduct the hospital registration authorized by this act and the survey of hospital facilities provided for in a joint resolution also adopted by the General Assembly.

A general call is hereby issued to all hospitals and dispensaries to register as required by the law. Forms for recording information needed in the survey will be ready soon and will be sent out to hospitals. Prompt compliance with the law is requested, that a report on the hospital situation in the State may be prepared at the earliest possible date.

The influenza epidemic last winter demonstrated the constant danger which exists in a community where hospital facilities are lacking. Scores of persons who died were victims of unavoidable neglect: they could have been saved had community facilities for their care been available when home facilities broke down under the strain of the epidemic. In other communities, which were better provided with hospitals, scores of citizens who are alive and in good health today owe their survival of the epidemic to the hospitals.

*After this was in type Dr. Shapiro submitted his resignation, effective September 15.

In the survey which it has been directed to make, the State Department of Health purposes to seek out the weak spots in the State's hospital equipment and warn communities in which danger exists. The cooperation of the hospitals in making the study a success is confidently expected.

* * *

Big Opportunities for Health Workers in Ohio

Ohio offers one of the most promising fields of activity now open to public health workers. More than one hundred health districts in the State will appoint health commissioners before next January 1, and the choice of these men will rest upon a clean-cut competition in which ability will be the all-important factor and political influence will have no part.

Ohio wants the best public health men in the country to fill these positions. Local districts are willing to pay well for the services of men whose records prove their right to demand good salaries. The civil service examinations upon which the appointments will be based will be open to all comers, without restrictions as to residence. Any man who is interested in getting into a position in which he will be able to render real public health service is urged to consider this as an invitation to enter the examinations.

Elsewhere in this magazine is printed a tentative statement of the qualifications, duties and salaries of the district health commissioners to be appointed. This information is subject to change by the State Civil Service Commission, but it probably represents the situation with a fair degree of accuracy. Further information at the disposal of the State Department of Health will gladly be furnished by the Department.

* * *

New Venereal Disease Publication Issued

"The Ravage of the Innocents," Health Education Bulletin 131, is the newest publication in the venereal disease series being issued by the State Department of Health. It tells the story of the treacherous attack of venereal diseases upon innocent women and children, thousands of whom are suffering in the State today because of society's failure to bring these infections under control.

The State's program of attack against these disease enemies is presented in outline and readers are told how they may aid in the work in their own communities.

A copy of the new pamphlet is yours for the asking. If you can distribute it among your friends, inform the Department what quantity you can use to advantage and a supply will be sent.

What the Supervisors Will Do for Ohio's Health

Provision in the biennial appropriation measure passed by the legislature for the period beginning July 1, 1919, by which the State Department of Health was empowered to employ eight district health supervisors at salaries of $2,500 per year, places the Department in a position to proceed efficiently with the reorganization of local health administrative agencies in accordance with the terms of the Hughes Act.

After the reorganization is completed and the new system is in operation, the supervisors will be valuable agencies for linking the health work of the State and of the local districts into a unified program.

The establishment of these supervisory positions represents another step in the solution of the problem of co-ordinating the activities of local health districts. The first such step was the reduction in number of these districts from 2,100 to 102 by the Hughes Act. A mental comparison of the situation which has existed heretofore with that which will exist after January 1 is sufficient to show the importance of the supervisors in the scheme of health organization. In the past 2,100 local health departments have looked to the central office of the State Department of Health for direction; under the new arrangement each supervisor will have in his district only about a dozen health departments, with all of which he can be in close touch at all times.

STATE HEALTH EXHIBIT AT OHIO COUNTY FAIRS

The message of health is being carried to the people of Ohio this summer by means of a health exhibit being sent to a number of county fairs by the State Department of Health. Venereal disease control and child welfare work are being emphasized. A nurse and a lecturer from the Department accompany the exhibit and examinations of local babies by local physicians are a daily feature. The schedule calls for exhibits at the following county fairs:

Jackson County, Wellston, July 22-25.

Brown County, Ripley, August 5-8.

Scioto County, Lucasville, August 12-15.

Athens County, Athens, August 19-22.

Noble County, Caldwell, September 3-5.

Lawrence County, Ironton, September 9-13.

Washington County, Marietta, September 10-12.

Harrison County, Cadiz, September 16-18.

Hocking County, Logan, September 24-27.

Guernsey County, Old Washington, September 30-October 3.

Putnam County, Ottawa, October 7-11.

Fairfield County, Lancaster, October 15-18.

Information Regarding Appointments as District Health Commissioner

APPOINTMENTS as District Health Commissioner under the new Hughes Act will be made by the district boards of health from lists to be certified by the State Civil Service Commission after proper examination.

Time

The examinations for applicants will probably be conducted in October and the lists of eligibles will be ready probably in late November or early December. Appointments will be made in time for the appointees to start work on January 1 next.

Duties

The district health commissioner will be the executive officer of the board of health of a general (county) or municipal (city over 25,000) health district. He will set up and administer the local health department of the district. Under his direction will be a force including at least one public health nurse, at least one clerk, a deputy health officer for each city in the general district and such additional employees as the board of health may authorize. The size of the staff, and consequently the amount of detail work which the commissioner will have to handle personally, will vary with the size of the district. The activities of the district health department will include epidemiological work, recording of statistics, physical supervision of school children, control of venereal diseases, inspection of public institutions and food-handling establishments, abatement of nuisances, health educational work, public health nursing service, child hygiene work and laboratory work.

Qualifications

The district health commissioner must understand the diagnosis and control of communicable diseases and the other phases of district health activities outlined above. He must have experience in and aptitude for the work of a health officer in a city, rural or combined city and rural district. Essential qualities are energy, tact, experience in public speaking and a real interest in public health work. Physicians and graduates in public health are preferred. In the smaller districts, where the staff will necessarily be small, medical training will be an essential. Residence has no bearing on a man's eligibility to take the examination.

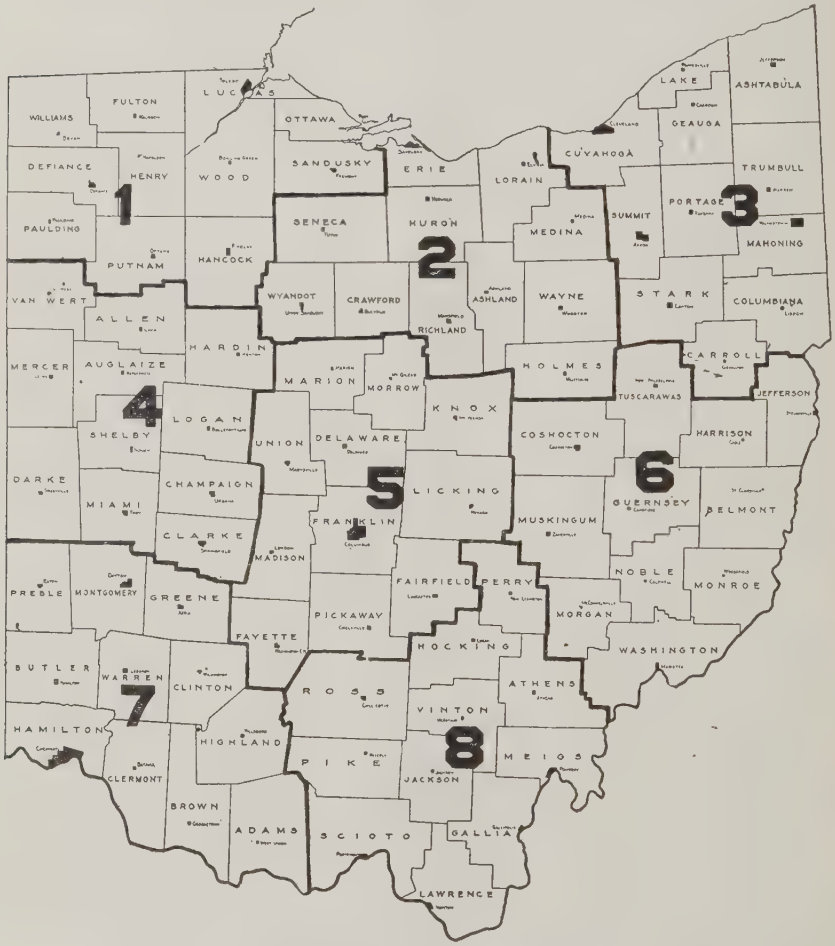
Classification

Successful applicants will be classified in five groups on the basis of their showing in the examinations, salaries varying

(*Concluded on page* 308.)

State Is Districted for Health Supervision

THE accompanying map shows the supervisory health district into which the State has been divided by the State Department of Health for the purpose of facilitating reorganization under the Hughes Act and coordinating the activities of the new



MAP SHOWING SUPERVISORY HEALTH DISTRICTS IN OHIO.

health departments established by that act. Supervisors assigned to the district under provisional appointments are as follows:

District 1 — Dr. C. H. Skeen, Napoleon.

District 2 — Dr. P. K. Holmes, Delaware.

District 3 — Dr. E. J. Schwartz, Columbus. (Dr. Schwartz will continue in his present position as

(*Concluded on page* 298.)

Public Health Enactments of the Eighty-third General Assembly

HUGHES ACT, REORGANIZING LOCAL HEALTH ADMINISTRATION

The Hughes Act, House Bill No. 211, has been discussed at much length in previous issues of the JOURNAL this year. It completely reorganizes local health administration in the state, setting up approximately 100 local health districts in charge of competent officials to replace the 2,100 local districts, with few competent officials, which now exist. The new plan of organization will go into effect January 1, 1920. The preliminary work of reorganizing is now in progress. This law is one of the most important public health measures ever passed in Ohio, and places the State well to the front among American commonwealths in efficiency of health organization.

AN ACT to create municipal and general health districts for purposes of local health admiinstration; and to amend sections 1245, 1248, 4404, 4405, 4408, 4409, 4410, 4413, 4429, 4430, 4436, 4437, 4476 and 12785 of the General Code relating to the powers and duties of boards of health and to repeal original sections 1245, 1246, 3391, 3392, 3393, 3394, 4404, 4405, 4408, 4409, 4410, 4413, 4429, 4430, 4436, 4437, 4476 and 12785 of the General Code.

(House Bill No. 211)

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. For the purposes of local health administration the state shall be divided into health districts. Each city having at the last preceding federal census a population of twenty-five thousand or more shall constitute a health district and for the purposes of this act shall be known as and hereinafter be referred to as a municipal health district. The townships and municipalities in each county, exclusive of any city having twenty-five thousand population or more at the last preceding federal census, shall constitute a health district and for the purposes of this act shall be known as and hereinafter be referred to as a general health district. Provided, that where any municipality having less than twenty-five thousand population at the last preceding federal census is located in more than one county it shall be included for the purposes of this act, in the county in which the largest part of the area of such municipality is located. As hereinafter provided, there may be a union of two general health districts or a union of a general health district and a municipal health district located within such district.

Provided, that when any municipality of not less than ten thousand nor more than twenty-five thousand population at the last preceding federal census mantains at the time of the passage of this act a board

of health or health department furnishing, in the opinion of the state department of health, a sanitary administration equal to that to be provided in the district under the provisions of this act, the state commissioner of health shall declare such a municipality a separate municipal health district and from and after the beginning of the next fiscal year after such action, such municipality shall be and constitute a separate municipal health district within the meaning of this act. Should the state department of health, after investigation, subsequently find that such municipality does not maintain a sanitary administration equal to that provided in the general health district in which such municipality is located, the state department of health may, after notice to the mayor of the municipality, declare such municipality a part of the general health district and from the beginning of the next fiscal year thereafter the municipality shall be a part of the general health district as provided in this act.

SECTION 2. In each general health district, except in a district formed by the union of a general health district and a municipal health district, there shall be a district board of health consisting of five members to be appointed as hereinafter provided and as provided in section 4406 of the General Code. The members of the board of health of a general health district shall receive no compensation for their services but shall be reimbursed for all necessary and lawful expenses incurred in attending meetings of the board. A vacancy in the membership of the board of health of a general health district shall be filled in like manner as an original appointment and shall be for the unexpired term. Provided, that when a vacancy shall occur more than ninety days prior to the annual meeting of the district advisory council the remaining members of the district board of health may select a resident of the district to fill such vacancy until such meeting. A majority of the members of the district board of health shall constitute a quorum.

SECTION 3. Within sixty days after this act shall take effect the mayor of each municipality not constituting a municipal health district and the chairman of the trustees of each township in a general health district shall meet at the county seat and shall organize by selecting a chairman and a secretary. Such organization shall be known as the district advisory council. The district advisory council shall proceed to select and appoint a district board of health as hereinbefore provided, having due regard to the equal representation of all parts of the district. Where the population of any municipality represented on such district advisory board exceeds one-fifth of the total population of the district, as determined by the last preceding federal census, such municipality shall be entitled to one representative on the district board of health for each fifth of the population of the district represented by the population of such municipality. Of the members of the district board of health, one shall be a farmer, two shall be physicians, and one shall be an attorney-at-law. Annually thereafter the district advisory council shall meet on the first Monday in February for the purpose of electing its officers and a member of the district board of health and shall also receive and consider the annual or special reports of the district board

of health and make recommendations to the district board of health or to the state department of health in regard to matters for the betterment of health and sanitation within the district or for needed legislation. It shall be the duty of the secretary of the district advisory board to notify the district health commissioner and the state commissioner of health of the proceedings of such meeting. Special meetings of the district advisory council shall be held on request of the district board of health or on the order of the state commissioner of health. On certification of the chairman and secretary the necessary expenses of each delegate to an annual or special meeting shall be paid by the city, village or township he represents.

The district health commissioner shall attend all meetings of the district advisory council.

SECTION 4. Within thirty days after the appointment of the members of the district board of health in a general district, they shall organize by selecting one of their members as president and another member as president pro tempore. The district board of health shall appoint a district health commissioner, who shall be secretary of the board and who shall give his entire time to the duties of his office and shall not engage in any other business. The health commissioner shall be appointed from an eligible list certified by the state civil service commission of Ohio, as hereinafter provided, and said appointee shall not be removed except it be for good cause and by a majority vote of the membership of the district board of health. In the absence of an eligible list, a temporary appointment may be made, but no such appointment shall be made without the approval of the state commissioner of health. A health commissioner who has been removed from office may appeal to the public health council. Upon notice of such appeal the district board of health shall prefer charges against the health commissioner and a hearing shall be given at which the district board of health and the health commissioner may be present. After such hearing the public health council shall render a decision and such decision shall be a final determination of the case. The hearing may be held within the general health district or at the city of Columbus. The district health commissioner shall be the executive officer of the district board of health and shall carry out all orders of the district board of health and of the state department of health. He shall be charged with the enforcement of all sanitary laws and regulations in the district, and shall have within the general health district all the powers now conferred by law upon health officers of municipalities. It shall be the duty of the district health commissioner to keep the public informed in regard to all matters affecting the health of the district.

SECTION 5. When it is proposed that a municipal health district unite with a general health district in the formation of a single district, the district advisory council of the general health district shall meet and vote on the question of union and it shall require a majority vote of the total number of townships, villages and cities entitled to representation voting affirmatively to carry the question. The council or body performing the duties of the council of the municipality shall likewise vote on the question and a majority voting affirmatively shall

be required for approval. When the majority of the district advisory council and council of the municipality have voted affirmatively, the chairman of the district advisory council and the mayor or chief executive officer of the municipality shall enter into a contract subject to the approval of the state commissioner of health, for the administration of health affairs in the combined district. Such contract shall state the proportion of the expenses of the board of health or health department of the combined district to be paid by the municipality and by that part of the district lying outside such municipality; shall provide for the amount and character of sanitary service to be rendered in the parts of the district lying outside such municipality and the date on which the board of health or health department of the municipality shall take over the administration of the combined health district. After such union is completed the board of health or health department of the municipal health district shall have within the combined district all the powers herein or hereafter granted to and perform all the duties herein or hereafter required of the board of health of a general health district.

SECTION 6. Where it is proposed that two general health districts shall unite in the formation of one general health district, the district advisory council of each general health district shall meet and vote on the question of union and an affirmative majority vote of the total number of townships, villages and cities entitled to representation on the district advisory council shall be required for approval. When the two district advisory councils have voted affirmatively on the question, they shall meet in joint session and shall elect a district board of health for the combined districts, and not more than three members shall be from any one original district. When such union is completed such districts shall constitute a general health district and shall be governed in the manner herein provided for general health districts. Where two general health districts unite to form one district, the office of the district board of health shall be located at the county seat of the most populous county, except that for good cause such office may, with the approval of the state commissioner of health, be located in the municipality most accessible by usual means of transportation to the whole of the district.

SECTION 7. In any general health district the district board of health shall upon the recommendation of the health commissioner appoint for whole-time service a public health nurse and a clerk and such additional public health nurses, physicians and other persons, within the clases to be fixed by the state civil service commission of Ohio as hereinafter provided, as may be necessary for the proper conduct of its work. Such number of public health nurses shall be employed as is necessary to provide adequate public health nursing service to all parts of the district. The board of health of each district shall provide such infant welfare stations, prenatal clinics and other measures for the protection of children as it may deem necessary. It shall also provide for the prevention and treatment of trachoma and may establish clinics or detention hospitals and provide the necessary medical and nursing service therefor.

SECTION 8. The board of health of any general health district shall make adequate provision for the sanitary administration of any municipalities forming part of such district. It shall establish an office in each city, in rooms which the council of such city shall provide for that purpose and shall designate for duty therein a deputy health officer and such inspectors and nurses as may be necessary properly to administer sanitary affairs of such city. The amount and quality of sanitary service to be furnished in any such municipality shall in no case be less than that in effect in such city at the time this act shall take effect.

SECTION 9. If in any general health district the district advisory council shall fail to meet or to select a district board of health, within ninety days after this act shall take effect, the state commissioner of health may, with the consent of the public health council, appoint a district board of health for such district which shall have and exercise all powers conferred by this act on district boards of health.

SECTION 10. If the state commissioner of health shall find that the members of the board of health of a general or municipal health district, or any member thereof, has failed to perform any or all the duties required by this act, he shall prefer charges against such members of the board or such member before the public health council and shall notify the members of such board or such member as to the time and place at which such charges will be heard. If the public health council shall, after hearing, find the members of such board or such member guilty of the charge or charges, it may remove such members of the board or such member from office. When all, or a majority of the members of the board of health of a general or municipal health district be so removed from office, the district advisory council or the mayor of the municipality, upon notice of such removal, shall within thirty days after receipt of such notice select a new board of health or members to fill the vacancies caused by removal, and if the district advisory council or mayor fails within sixty days, to select such board or such member or members, the state commissioner of health, with the approval of the public health council, may appoint a board of health for such general or municipal health district or fill the vacancies caused by removal.

SECTION 11. In addition to the duties now required of boards of health it shall be the duty of each district board of health to study and record the prevalence of disease within its district; to provide for the prompt diagnosis and control of communicable diseases; to provide for the medical and dental supervision of school children; to provide for the free treatment of cases of venereal diseases; to provide for the inspection of schools, public institutions, jails, workhouses, children's homes, infirmaries and other charitable, benevolent, correctional and penal institutions; to provide for the inspection of dairies, stores, restaurants, hotels and other places where food is manufactured, handled, stored, sold or offered for sale, and for the medical inspection of persons employed therein; to provide for the inspection and abatement of nuisances dangerous to public health or comfort; and to take all steps necessary to protect the public health and to prevent disease.

Provided that in the medical supervision of school children as herein provided, no medical or surgical treatment shall be administered to any minor school child except upon the written request of the parent or guardian of such child; and provided further, that any information regarding any diseased condition or defect found as a result of any medical school examination shall be communicated only to the parent or guardian of such child and if in writing shall be in a sealed envelope addressed to such parent or guardian.

SECTION 12. Each district board of health shall provide for the carrying on of such laboratory work as is necessary for the proper conduct of its work. It may establish a district laboratory or may contract with any existing laboratory within or convenient to the district for the performance of such work or may unite with another district in the establishment of a joint laboratory. It shall be the duty of all state institutions supported in whole or in part by public funds to furnish such laboratory service as may be required by any district board of health under terms to be agreed upon. Any contract for the furnishing of laboratory service to a district board of health and any proposal for the establishment of a joint laboratory, shall be subject to the approval of the state commissioner of health. In the operation of such laboratories standard methods approved by the state commissioner of health shall be used.

SECTION 13. Each district board of health shall provide for the free treatment of cases of gonorrhea, syphilis and chancroid. It may establish and maintain one or more clinics for such purpose and may provide for the necessary medical and nursing service therefor. The district board of health shall provide for the quarantine of such carriers of syphilis, gonorrhea or chancroid as the state commissioner of health shall order to be quarantined. It shall use due diligence in the prevention of such venereal diseases and shall carry out all orders and regulations of the state department of health in connection therewith.

SECTION 14. Each district board of health shall provide for the free distribution of antitoxin for the treatment of cases of diphtheria and shall establish sufficient distributing stations to render such antitoxin readily available in all parts of the district.

SECTION 15. The district board of health hereby created shall exercise all the powers and perform all the duties now conferred and imposed by law upon the board of health of a municipality, and all such powers, duties, procedure and penalties for violation of the sanitary regulations of a board of health shall be construed to have been transferred to the district board of health by this act. The district board of health shall exercise such further powers and perform such other duties as are herein conferred or imposed.

SECTION 16. The district health commissioner shall make or cause to be made frequent inspections of all county infirmaries, children's homes, workhouses, jails or other charitable, benevolent, correctional or penal institutions in the district, including physical examinations of the inmates whenever necessary, and shall make or cause to be made such laboratory examinations of such inmates as may be requested by any state or county

official having jurisdiction over such institution.

SECTION 17. The district health commissioner shall be a deputy of the state registrar of vital statistics and shall under his direction enforce all laws governing the registration of births and deaths. Each local registrar of vital statistics shall on or before the fifth day of each month transmit to the health commissioner of the district having jurisdiction all certificates of births or deaths received by such registrar during the preceding month. The health commissioner shall within five days transmit such certificates to the state registrar of vital statistics. When any registrar shall receive any certificate of a death from any contagious or communicable disease, he shall within twenty-four hours after receipt of such certificate notify the health commissioner of the district having jurisdiction of such death on a form to be furnished by the district board of health.

SECTION 18. The district board of health may establish detention hospitals for cases of communicable diseases and provide for the support and maintenance thereof. It may collect from persons committed to such hospitals the cost of the care and treatment of such persons while inmates therein. The expenses of such indigent persons as are committed to such detention hospitals shall be a proper charge against and shall be collected from the township or municipality from which such person was sent to the hospital.

SECTION 19. The state civil service commission of Ohio, shall upon recommendation of the state commissioner of health, survey the duties of employes necessary for efficient operation of district boards of health and shall classify such employes in so far as is practicable, determine the qualifications of, and fix a standard rate of compensation for each class. Such classification shall also include positions to be filled on a part-time basis. The state civil service commission shall hold examinations in various parts of the state and prepare lists of eligibles for the classes of employes so fixed. Such examinations shall be open to suitably qualified persons without restriction as to residence. The state civil service commission shall, upon request of any district board of health, certify lists of eligibles for appointment, giving preference in each case to eligibles resident in the district.

SECTION 20. All appointments by boards of health of general health districts shall be from the list of eligibles certified by the state civil service commission, except that where no list of eligibles is furnished, temporary appointments for a period not to exceed ninety days may be made with the approval of the state civil service commission, and the rate of compensation of persons so appointed shall be that fixed by the state civil service commission for that class. In grave emergency, and to prevent or combat serious epidemics, the state commissioner of health may authorize the temporary employment of physicians, nurses and other necessary persons for periods not to exceed ninety days. Appointments to positions on a part-time basis shall be from lists certified by the civil service commission for part-time employment and the compensation paid any part-time employe shall not in any one year exceed one-half the compen-

sation fixed by the civil service commission for whole-time service in the same class. Persons appointed for whole-time service shall give their entire time to the duties of such position and shall not engage in any other business.

SECTION 21. It shall be the duty of the county commissioners or of the city council to furnish suitable quarters for any board of health or health department having jurisdiction over all or a major part of such county or municipality in accordance with the provisions of this act.

SECTION 22. In general health districts the prosecuting attorney of the county constituting all or a major part of such district shall act as the legal advisor of the district board of health. In a proceeding in which the board of health of any general health district is a party the prosecuting attorney of the county in which such proceeding is instituted shall act as the legal representative of the district board of health.

SECTION 23. The treasurer of a city which constitutes a separate health district shall be the custodian of the health fund of such municipal health district. The county treasurer of a county which constitutes all or the major portion of a general health district shall be the custodian of the health fund of that health district. The auditor of a county which constitutes all or a major portion of a general health district shall act as the auditor of the general health district. The auditor of a municipality which constitutes a municipal health district shall act as the auditor of the municipal health district. Expenses of the district board of health of a general health district shall be paid on the warrant of the county auditor issued on vouchers approved by the district board of health and signed by the district health commissioner. Expenses of the board of health or health department of a municipal health district shall be paid on the warrant of the auditor of the municipality issued on vouchers approved by the board of health or health department of the municipal health district and signed by the municipal health commissioner.

SECTION 24. When any general or municipal health district has been duly organized as provided by this act and has employed for whole-time service a health commissioner, a public health nurse and a clerk, the chairman of the board of health, or the principal executive officer of the department of health as the case may be shall semi-annually upon the first day of January and of July certify such fact to the state commissioner of health, stating the salaries paid such health commissioner, public health nurse and clerk during the preceding six months. If such board of health or health department has complied with the orders and regulations of the state department of health and has truly and faithfully complied with the provisions of this act, the state commissioner of health shall endorse such facts on the certificate and shall transmit the certificate to the auditor of state, who shall thereupon draw a voucher on the treasurer of state to the order of the custodian of the funds of such health district, payable out of the general revenue fund, in amount equal to one-half of the amount paid by the district board of health or health department to such health commissioner, public health nurse

and clerk, during such semi-annual period. Provided, that if the amount paid by such district board of health or health department during any six months is in excess of two thousand dollars, the amount to be paid by the auditor of state shall be one thousand dollars and no more, and no payment shall be made unless the certificate of the district board of health or health department shall have been endorsed by the state commissioner of health as herein provided.

SECTION 25. The board of health of a general health district shall annually, on or before August first, estimate in itemized form the amounts needed for the current expenses of such district for the fiscal year beginning on the first day of January next ensuing. Such estimate shall be certified to the county auditor and by him submitted to the district advisory council at a meeting held at his office on the second Monday of September. The district advisory council may reduce any item or items in such estimate but may not increase any item or the aggregate of all items. The aggregate amount as fixed by the district advisory council shall be apportioned by the county auditor among the townships and municipalities composing the health district on the basis of population as shown by the last preceding federal census. The district board of health shall certify to the county auditor the amount due from the state as its share of the salaries of the district health commissioner, public health nurse and clerk for the next fiscal year which shall be deducted from the total of such estimate before an apportionment is made. The county auditor, when making his semi-annual apportionment of funds shall retain at each such semi-annual apportionment, one-half of the amount so apportioned to each township and municipality. Such moneys shall be placed in a separate fund, to be known as the "district health fund". When a general health district is composed of townships and municipalities in two or more counties, the county auditor making the original apportionment shall certify to the auditor of each county concerned the amount apportioned to each township and municipality in such county. Each auditor shall withhold from the semi-annual apportionment to each such township or municipality the amount so certified, and shall pay the amounts so withheld to the custodian of the funds of the health district concerned, to be credited to the district health fund. Where any general health district has been united with a municipal health district located therein, the mayor of the municipality shall annually on or before the first day of August certify to the county auditor the total amount due for the ensuing fiscal year from the municipalities and townships in the district as provided in the contract between such municipality and the district advisory council of the original health district. The county auditor shall thereupon apportion the amount so certified to the townships and municipalities and withhold the sums so apportioned as herein provided.

SECTION 26. In case of epidemic or threatened epidemic or during the unusual prevalence of a dangerous communicable disease, if the moneys in the district health fund of a general health district are not sufficient, in the judgment of the board of health of such district, to

defray the expenses necessary to prevent the spread of such disease, such board of health shall estimate the amount required for such purpose and apportion it among the townships and municipalities in which the condition herein described exists, on the basis provided for in section 25 of this act. Such estimate and apportionment shall be certified to the county auditor of the proper county or counties, who shall draw an order on the clerk, auditor or other similar officer of each township or municipality affected thereby, for the amount to it apportioned. Such clerk, auditor or other similar officer shall forthwith draw his warrant on the treasurer of such township or municipality for the amount of such certification, which shall be honored by the treasurer from any general treasury balances subject to his control, regardless of funds. The clerk, auditor or other similar officer shall thereupon set up an account to be designated "emergency health account", showing a deficit therein, and certify the action taken to the trustees or council or other body having the power to borrow money. Thereupon the trustees or council or other similar body may exercise the powers provided for in sections 4450 and 4451 of the General Code. Tax levies made for the purpose set forth in this section shall be subject to the provisions of section 5649-4 of the General Code. Moneys raised under the authority herein conferred shall be placed in the treasury of the borrowing subdivision and credited to the "emergency health account", which shall thereupon be closed; so that the moneys taken from general cash balances shall be restored thereto and the regular funds of the subdivision shall be restored thereby.

If there is not sufficient money in the general cash balances of such subdivisions to satisfy the warrant so drawn by the clerk, auditor or other similar officer, the treasurer thereof shall honor the same to the extent of the cash in such treasury and the balance shall be certified by the clerk, auditor or other officer and the treasurer, jointly, to the trustees, council or other borrowing authority, which shall immediately exercise the powers provided for in this section to raise the amount of the warrant. The proceeds of such action shall be paid into the general cash balance in the treasury of the subdivision, and the balance due on the warrant shall then be paid.

The warrants provided for in this section shall be drawn in favor of the county treasurer, as treasurer of the district health fund, and the proceeds shall go into such fund. A separate account shall be kept of expenditures under this section. If a greater amount is expended in any township or municipality than the amount drawn therefrom by action hereunder, the excess shall be charged against such suvdivision at the next annual apportionment in addition to the amount apportionable to such subdivision under section 25 of this act. If the amount drawn under this section is not wholly expended in any subdivision, the unexpended remainder shall be credited to the next annual apportionment to such subdivision.

Performance of the official duties by this section imposed on officers, boards and legislative bodies, may be enforced by mandamus on the relation of the district board of health, which is hereby given special capacity to sue in such action. In any such case the return day of

the alternative writ shall not be more than three days after the filing of the petition.

SECTION 27. The board of health of a general health district may make such orders and regulations as it deems necessary for its own government, for the public health, the prevention or restriction of disease, and the prevention, abatement or suppression of nuisances. All orders and regulations not for the government of the board, but intended for the general public, shall be adopted, recorded and certified as are ordinances of municipalities and record thereof shall be given in all courts of the state the same force and effect as is given such ordinances, but the advertisements of such orders and regulations shall be by publication in one newspaper published and of general circulation within the general health district. Publication shall be made once a week for two consecutive weeks and such orders and regulations shall take effect and be in force ten days from date of first publication. Provided, however, that in cases of emergency caused by epidemics of contagious or infectious diseases, or conditions or events endangering the public health, such boards may declare such orders and regulations to be emergency measures, and such orders and regulations shall become immediately effective without such advertising, recording and certifying.

SECTION 28. In case any section or sections or part of any section or sections of this act shall be found unconstitutional, the remainder of the act shall not thereby be invalidated, but shall remain in full force and effect.

Sec. 1245. The state department of health shall make provision for annual conferences of district health commissioners for the consideration of the cause and prevention of dangerous communicable diseases and other measures to protect and improve the public health. Each board of health or other body or person appointed or acting in place of a board of a board of health shall appoint its health commissioner or health officer a delegate to such annual conferences. The district board of health shall pay the necessary expenses of such delegate upon presentation of a certificate from the state commissioner of health that the delegate attended the sessions of such conference.

Sec. 1246. The state commissioner of health may require any district health commissioner to attend immediately after his appointment, a school of instruction to be conducted by the state department of health at Columbus. The course at such school of instruction shall not exceed four weeks in duration, and the necessary expenses of the district health commissioner in attending such school shall be paid by the district board of health upon certification from the state commissioner of health that such officer has attended the school of instruction.

Sec. 4401. The council of each municipality constituting a municipal health district, shall establish a board of health, composed of five members to be appointed by the mayor and confirmed by the council who shall serve without compensation and a majority of whom shall be a quorum. The mayor shall be president by virtue of his office. Provided that nothing in this act contained shall be construed as interfering with the authority of a municipality con-

stituting a municipal health district, making provision by charter for health administration other than as in this section provided.

Sec. 4405. If any such municipality fails or refuses to establish a board of health the state commissioner of health, with the approval of the public health council, may appoint a health commissioner therefor and fix his salary and term of office. Such health commissioner shall have the same powers and perform the duties granted to or imposed upon boards of health, except that rules, regulations or orders of a general character and required to be published made by such health commissioner shall be approved by the state commissioner of health. The salary of the health commissioner so appointed, and all necessary expenses incurred by him in performing the duties of the board of health shall be paid and be a valid claim against such municipality.

Sec. 4408. In any municipal health district, the board of health or person or persons performing the duties of a board of health shall appoint within the classes fixed by the state civil service commission of Ohio for whole-time service, a health commissioner, a public health nurse and a clerk. It may also appoint physicians, public health nurses and other persons, within the classes fixed by the state civil service commission of Ohio for whole-time service, a health commissioner, a public health nurse and a clerk. It may also appoint physicians, public health nurses and other persons, within the classes fixed by the state civil service commission of Ohio. Where the municipal civil service commission has held examinations for appointment within the classes so fixed, and has certified lists of eligibles for the classes from which appointment is to be made, such appointments shall be made from the lists so certified, but if the municipal civil service commission has not held examinations in accord with the classification made by the state civil service commission, or cannot furnish lists of eligibles for such classes, appointment shall be made from lists of eligibles furnished by the state civil service commission as hereinbefore provided. Where no list of eligibles is furnished by the municipal or state civil service commission, temporary appointments may be made for periods not to exceed ninety days with the consent of the state civil service commission. Provided that the status of persons employed at the time this act shall take effect by a board of health or health department under the provisions of municipal civil service for whole-time service shall not be affected by the passage of this act.

Sec. 4409. The secretary of the board shall keep a full and accurate record of the proceedings of the board together with a record of diseases reported to the health commissioner and on termination of his office shall turn over to his successor, books, records, papers and other matters belonging to the board. Each board of health or person or persons performing the duties of the board of health shall procure suitable books, blanks, and other things necessary to the transaction of its business. Such records shall be kept as are required by the state commissioner of health and such forms shall be used as he may prescribe.

Sec. 4410. The board of health shall care for the sick poor and

each person quarantined when such person is unable to pay for care and treatment, and for all persons sent to the municipal detention hospital when such persons are unable to pay for care and treatment.

Sec. 4413. The board of health of a municipality may make such orders and regulations as it deems necessary for its own government, for the public health, the prevention or restriction of disease, and the prevention, abatement or suppression of nuisance. Orders and regulations not for the government of the board, but intended for the general public, shall be adopted, advertised, recorded and certified as are ordinances of municipalities, and the record thereof shall be given, in all courts of the state, the same force and effect as is given such ordinances. Provided, however, that in cases of emergency caused by epidemic of contagious or infectious diseases, or conditions or events endangering the public health, such boards may declare such orders and regulations to be emergency measures, and such orders and regulations shall become immediately effective without such advertising, recording and certifying.

Sec. 4429. When a case of smallpox, cholera, plague, yellow fever, typhus fever, diphtheria, membranous croup, scarlet fever or other communicable diseases declared by the board of health or state department of health to be quarantinable is reported within its jurisdiction, the board of health shall at once cause to be placed in a conspicuous position on the house wherein such disease occurs a quarantine card having printed on it in large letters the name of the disease within, and prohibit entrance to or exit from such house without written permission from the board of health, or shall enforce such restrictive measures as may be prescribed by the state department of health. No person shall remove, mar, deface, or destroy such quarantine card, which shall remain in place until after the patient has been removed from such house, or has recovered and is no longer capable of communicating the disease, and the house and the contents thereof have been properly purified and disinfected by the board of health or treated in such manner as may be prescribed by the state department of health.

Sec. 4430. Each physician attending a person affected with any such disease shall use such precautionary measures to prevent the spread of the disease as is required by the board of health. No person quarantined by a board of health on account of having a contagious disease or for having been exposed thereto, shall leave such quarantined house or place without the written permission of the board of health, and where other inmates of such house have been exposed to and are liable to become ill of any such diseases, for such period thereafter as may be prescribed in the rules and regulations of the state department of health.

Sec. 4436. When a house or other place is quarantined on account of contagious diseases, the board of health having jurisdiction shall provide for all persons confined in such house or place, food, fuel and all other necessaries of life, including medical attendance, medicine and nurses when necessary. The expenses so incurred, except those for disinfection, quarantine or other measures strictly for the protection of the public

health, when properly certified by the president and clerk of the board of health, or health officer where there is no board of health, shall be paid by the person or persons quarantined, when able to make such payment, and when not, by the municipality or townships in which quarantined.

Sec. 4437. No person residing in or occupying a house in which a person is suffering from smallpox, cholera, plague, typhus fever, diphtheria, membranous croup, scarlet fever or other dangerous contagious disease shall be permitted to attend any public, private or parochial school or college or Sunday school, or any other public gathering, until the quarantine provided in such diseases has been removed by the board of health. All school principals, Sunday school superintendents, or other persons in charge of such schools, are hereby required to exclude any and all such persons until they present a written permit of the board of health to attend or reenter such schools.

Sec. 4476. On or before the fifteenth day of January of each year, the board of health or health department shall make a report in writing for the preceding calendar year to the council of the municipality and to the state commissioner of health. Such report shall be on the sanitary condition and prospects of such municipality, and shall contain the statistics of deaths, the action of the board and its officers and agents and the names thereof. It shall contain other useful information, and the board shall suggest therein any further legislative action deemed proper for the better protection of life and health. Such board of health and health departments shall promptly furnish any special report called for by the state commissioner of health.

Sec. 12785. Whoever, while suffering from smallpox, cholera, plague, yellow fever, diphtheria, membranous croup, scarlet fever or other dangerous contagious disease, wilfully or unlawfully exposes himself in a street, shop, inn, theater, or other public place or public conveyance, or, being in charge of a person so suffering, so exposes such sufferer, or gives, lends, sells, transmits or exposes without previous disinfection by the board of health bedding, clothing, rags, or other thing, which has been exposed to infection from such disease, or knowingly lets for hire a house, room or part of a house in which a person has been suffering from such disease, prior to the disinfection thereof by the board of health, shall be fined not more than one hundred dollars or imprisoned not more than ninety days, or both.

SECTION 29. That said original sections 1245, 1246, 3392, 3393, 3394, 4404, 4405, 4408, 4409, 4410, 4413, 4429, 4430, 4436, 4437, 4476 and 12785 of the General Code be and the same are hereby repealed, but this section shall not go into effect until January 1, 1920.

Passed April 17, 1919. Approved May 9, 1919. Filed in office of Secretary of State, May 12, 1919.

LAWS RELATING TO SANITARY ENGINEERING

Sanitary District Act

The Sanitary District Act, introduced by Senator Davis and passed as Amended Senate Bill No. 66, is too long to permit of publication in the JOURNAL. Accordingly the following summary is published:

The Sanitary District Act is an enabling act, permitting incorporation of two or more political subdivisions or parts thereof as a sanitary district, and providing means whereby such district may develop and maintain a public water supply for the use of the political subdivisions included within the district and means whereby the district may develop and maintain works for the collection and disposal of the sewage and other liquid wastes produced within the district.

The Act provides that as a first step a petition outlining the purposes for which the formation of the district is desired, shall be submitted to the court of common pleas. After due hearing, the court may establish the district as petitioned for. The court then appoints a director, or board of directors, of the district, and the district becomes a political subdivision of the State. The director or directors employ agents and prepare plans for the improvements to fulfill the purposes for which the district was organized. Approval of the plans by the State Department of Health and by the court is required and hearings of objections to such plans are provided for. The court also appoints a board of appraisers, which board is charged with the duty of appraising the benefits and damages to the property within the district, resulting from the execution of the improvements proposed. After due hearing the court approves the report of the appraisers. After the action of the court, approving the plans and the report of the appraisers, the construction of the works may proceed. After the construction is completed, the organization of the district continues to maintain the works.

The provisions of the act relating to finances are as follows:

Three funds are provided: the preliminary fund, the bond fund, and the maintenance fund. The preliminary fund, which can be used only for the expenses incident to the preparation of plans, report of the appraisers, and other preliminary activities, is derived from a tax levied on all of the property within the district. This tax cannot exceed three-tenths of one mill. The bond fund, which is used to defray expenses incident to the construction of improvements, is derived from the sale of bonds of the district, issued in anticipation of the collection of assessments levied upon the property within the district. The maintenance fund, which is used for the operation, maintenance and repair of the works of the district, is derived from special maintenance assessments made upon the property of the district each year. However, the maintenance fund for a district water supply is obtained from the sale of water to the various political subdivisions within the district and no maintenance

assessment can be levied for this purpose.

All assessments are levied in proportion to the benefits as reported by the board of appraisers. Limitations are made as to the total of such assessments, as follows: The total of all assessments for payment of construction work may not exceed during any ten-year period three percent of the appraised valuation of the property within the district as listed and assessed for taxation. The assessment for maintenance may not exceed in any one year one percent of the total appraisal of benefits.

Bense Act Amendments

AN ACT to amend sections 1249, 1250, 1251, 1252, 1253, 1254, 1255, 1256, 1257, 1258, 1259, 1259-1, 1260 and 1261 of the General Code; to add supplemental sections 1258-1, 1258-2, 1258-3, 1258-4, 1258-5, 1258-6, 1258-7, 1258-8, relating to the pollution of streams and the protection of public water supplies; and to repeal original sections 1249, 1250, 1251, 1252, 1253, 1254, 1255, 1256, 1257, 1258, 1259, 1259-1, 1260 and 1261, General Code.

(Senate Bill No. 127.)

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. That sections 1249, 1250, 1251, 1252, 1253, 1254, 1255, 1256, 1257, 1258, 1259, 1259-1, 1260 and 1261 be amended to read as follows and that section 1258 be supplemented by the addition of sections 1258-1, 1258-2, 1258-3, 1258-4, 1258-5, 1258-6, 1258-7, 1258-8.

Sec. 1249. Whenever the council or board of health, or the officer or officers performing the duties of a council or board of health, of a city or village, the commissioners of a county, the trustees of a township or fifty of the qualified electors of any city, village or township, or the managing officer or officers of a public institution set forth in writing to the state department of health that a city, village, public institution, corporation, partnership or person is discharging or is permitting to be discharged sewage or other wastes into a stream, water course, canal, lake or pond, and is thereby creating a public nuisance detrimental to health or comfort, or is polluting the source of any public water supply, the commissioner of health shall forthwith inquire into and investigate the conditions complained of.

Sec. 1250. If the commissioner of health finds that the discharge of sewage or other wastes from a city, village or public institution, or by a corporation, partnership or person, has so corrupted a stream,

The Bense Act for the correction of stream pollution, which was weakened by amendments enacted by the last preceding general assembly, was restored to practically its original form by the passage of Amended Senate Bill No. 127 at the present session. The restored law will greatly facilitate the work of the State Department of Health in enforcing action by public corporations or by private corporations and individuals to correct conditions of stream pollution for which such corporations or persons may be responsible.

water course, canal, lake or pond, as to give rise to foul and noxious odors or to conditions detrimental to health or comfort, the source of public water supply of a city, village, community or public institution is subject to contamination, or has been rendered impure by such discharge of sewage or other wastes, he shall notify the mayor or managing officer or officers of such city, village, public institution or corporation, partnership or person of his findings and of the time and place when and where a hearing may be had before the public health council. The notice herein provided shall be by personal service or by registered letter.

Sec. 1251. After such hearing if the public health council shall determine that improvements or changes are necessary and should be made, the commissioner of health shall notify the mayor or managing officer or officers of such city, village, public institution, or corporation, partnership or person to install works or means, satisfactory to the commissioner of health, for purifying or otherwise disposing of such sewage or other wastes, or to change or enlarge existing works, in a manner satisfactory to the commissioner of health. Such works or means must be completed and put into operation within the time fixed in the order. The order of the commissioner of health and the time fixed for making the improvements or changes shall be approved by the public health council, and notification shall be had by personal service upon or by registered letter to the mayor or managing officer or officers of the city, village, public institution or corporation, partnership or person to whom said order shall apply. But no city or village discharging sewage into a river which separates the state of Ohio from another state shall be required to install sewage purification works so long as the unpurified sewage of cities or villages of another state is discharged into such river above such city or village of this state.

Sec. 1252. Whenever the board of health, or officer or officers performing the duties of a board of health of a city or village or ten per cent of the electors thereof or the managing officer or officers of a public institution, shall file with the state department of health a complaint, in writing, setting forth that it is believed that the public water supply of such city or village, or public institution, is impure and dangerous to health, the state commissioner of health shall forthwith inquire into and investigate the conditions complained of.

Sec. 1253. If the commissioner of health finds that the public water supply of a city, village or public institution is impure and dangerous to health and that it is not practicable to sufficiently improve the character of such supply by removing the source or sources of pollution affecting it, or if the commissioner of health finds that such water supply is being rendered impure and dangerous to health by reason of improper construction or inadequate size of existing water purification works, he shall notify such city, village, or public institution, corporation, partnership or person owning or operating such water supply or water works of his findings and of the time and place when and where a hearing may be had before the public health council. Such notice shall be by personal service or shall be sent by registered letter to the mayor or managing officer or officers of the city, village, public institution, or

corporation, partnership or person owning or operating such water supply or water works.

Sec. 1254. After such hearing, if the public health council shall determine that improvements or changes are necessary and should be made, the commissioner of health shall notify the mayor or managing officer or officers of the city, village, public institution or corporation, partnership or person owning or operating such water supply or water works to change the source of supply or to install and place in operation water purification works or device satisfactory to the commissioner of health, or to change or enlarge existing water purification works in a manner satisfactory to said commissioner. The order of the commissioner of health and the time fixed for making the improvements or changes shall be approved by the public health council and notification shall be had by personal service upon or by registered letter to the mayor or managing officer or officers of the city, village, public institution or corporation, partnership or person to whom said order shall apply.

Sec. 1255. When the commissioner of health finds upon investigation, that any water purification or sewage treatment works, on account of incompetent supervision or inefficient operation is not producing an effluent of such quality as might be reasonably obtained from such water purification or sewage treatment works, and by reason of such neglect the public water supply has become impure and dangerous to health, or that a stream, water course, canal, lake, pond, or body of water has become offensively polluted or has become a public nuisance or that a public water supply taken from such stream, water course, canal, lake, pond or body of water has been rendered impure and dangerous to health, the commissioner of health shall issue an order to the mayor or managing officer or officers of the city, village, public institution, or corporation, partnership or person having charge of or owning such water purification or sewage treatment works, to secure an effluent of such quality as might be reasonably expected from such works and satisfactory to the commissioner of health.

Sec. 1256. If the managing officer or officers of such city, village, public institution, or corporation, partnership or person fails, for a period of five days after receiving such order, to secure an effluent satisfactory to the commissioner of heath, the commissioner of health shall report the fact to the public health council and upon its approval may order such managing officer or officers or person owning such works to appoint within ten days, and pay the salary of a competent person to be approved by the commissioner of health, to take charge of and operate such works as to secure the results demanded by the commissioner of health.

Sec. 1257. If the findings or order of the commissioner of health, when approved by the public health council and made in pursuance of the provisions of this chapter relating to stream pollution and public water supply, are not acceptable to any city, village, public institution, corporation or owner effected thereby, such city, village, public institution, corporation or owner shall have the right of appeal as follows: Two reputable and experienced sanitary engineers shall be chosen, one by the city, village, public institution, cor-

poration or owner and the other by the commissioner of health, who shall not be a regular employe of the state department of health. Such persons shall act as referees. If the referees so chosen are unable to agree, they shall choose a third engineer of like standing and the vote of the majority shall be final. As soon as such referees are chosen, the commissioner of health shall file with them a certified copy of the complaint and the findings and order of the state department of health, and it shall be the duty of such referees to investigate the conditions complained of and to determine if such findings are correct and if the order provides a proper remedy for such conditions. The appeal provided for in this section shall be made within thirty days from the date of service of the order upon the mayor or managing officer or officers of the city, village, public institution or corporation or owner, and notice thereof in writing, shall be served upon the commissioner of health by personal service for which there shall be acknowledgment, or sent by registered letter.

Sec. 1258. Such referees may affirm or reject the findings or order of the commissioner of health or may modify such order as to the time within which improvements or changes shall be made, and their decision, which must be in writing and be made within a reasonable time, shall be reported to the commissioner of health and to the city, village, public institution, corporation or owner and shall be final except as hereinafter provided. If said findings and order shall be approved or modified by said referees, the order shall be enforced by the commissioner of health in the manner provided for in this chapter. The fees and expenses of the referee appointed by the commissioner of health shall be paid from funds appropriated to the state department of health for such purpose. The fees and expenses of the referee appointed by the city, village, public institution, corporation or owner shall be paid by the city, village, public institution, corporation or owner making such appeal. The fees and expenses of the third referee shall be equally divided between the state department of health and the city, village, public institution, corporation or owner making appeal.

Sec. 1258-1. Where an order of the commissioner of health to a corporation, partnership or person owning and operating a water works is approved or modified by the referees provided for in sections 1257 and 1258 of the General Code, or if such corporation, partnership or person shall accept such order without appeal to such referees and it shall be claimed by such corporation, partnership or person that the revenues derived from the operation of such water works are not sufficient to warrant the expense of making the improvements or changes so ordered, an application may be made to the public utilities commission of Ohio for authority to make and collect additional charges from the water consumers and user of the utility's service. Upon the filing of such application the commission shall fix a time for the hearing thereof and give notice thereof to the mayor of the municipality and the state commissioner of health and if upon hearing the public utilities commission shall determine and find that the rates theretofore authorized to be charged will not provide revenue sufficient to operate said water works and make a reasonable return upon the invest-

ment after such improvements and changes are made, it shall by order authorize the collection of such additional charges and compensation as may under all the circumstances be just and reasonable.

Sec. 1258-2. An order as made by the commissioner of health or as approved or modified by the referees as herein provided, shall be reversed, vacated or modified by the supreme court on a petition of error, if upon consideration of the record such court is of the opinion that such order was unlawful and unreasonable.

Sec. 1258-3. The proceeding to obtain such reversal, vacation or modification shall be by petition in error, filed in the supreme court by the municipal corporation, managing board or officer of a public institution, corporation, partnership or person to which such order of the commissioner of health shall apply, setting forth the the errors complained of; thereupon, unless the same is duly waived, a summons shall issue and be served, as in other cases, upon the commissioner of health, or in his absence by leaving a copy at his office at the city of Columbus.

Sec. 1258-4. Upon service or waiver of summons in error the commissioner of health shall forthwith transmit to the clerk of the supreme court a transcript of his journal entries, original papers or transcripts thereof and a certified copy of all evidence adduced upon the hearing before the public health council in the proceeding complained of, which shall be filed in said court.

Sec. 1258-5. No proceeding to reverse, vacate or modify an order of the commissioner of health shall be deemed commenced unless the petition therefor is filed within thirty days after service of the order upon the mayor or managing officer or officers of the municipal corporation, public institution, or corporation, partnership or person to whom such order shall apply. Or if there has been an appeal to referees then such petition shall be filed within two weeks after the determination of such appeal and due notice thereof. A proceeding to reverse, vacate or modify an order of the commissioner of health shall operate to stay execution thereof until the supreme court shall render a decision thereon.

Sec. 1258-6. No court other than the supreme court shall have the power to review, suspend or delay any order of the commissioner of health, or enjoin, restrain or interfere with the commissioner of health or public health council in the performance of official duties required or power exercised under the provisions of this act.

Sec. 1258-7. All orders heretofore issued or promulgated by the state board of health or by the state department of health shall continue in full force and have the same effect as though they had been lawfully made, issued or promulgated under the provisions of this act.

Sec. 1258-8. Each section of this act and every part thereof is hereby declared to be an independent section, and part of a section, and the holding of a section or part of a section thereof to be void or ineffective for any cause shall not be deemed to affect any other section or part thereof.

Sec. 1259. Each municipal council, department or officer having jurisdiction to provide for the raising of revenues by tax levies, sale of bonds, or otherwise shall take all steps necessary to secure the

funds for any such purpose or purposes. When the funds are so secured, or the bonds therefor have been authorized by the proper municipal authority, such funds shall be considered as in the treasury and appropriated for such particular purpose or purposes, and shall not be used for any other purpose. The bonds authorized to be issued for any such purpose or purposes shall not exceed three per cent of the total value of all property in any city or village, as listed and assessed for taxation, and may be in addition to the total bonded indebtedness of such city or village otherwise permitted by law. The question of the issuance of such bonds shall not be required to be submitted to a vote of the electors.

Sec. 1259-1. Interest and sinking fund levies on account of bonds issued under section 1259 of the General Code, in compliance with orders of the state commissioner of health, shall be exempt from all the limitations on tax levies provided by sections 5649-2 and 5649-3a of the General Code. Such levies shall also be exempt from the limitations provided by section 5649-5b of the General Code, if the question of making such additional levy shall be submitted to the electors of the municipality issuing, or proceeding to issue, such bonds in the manner provided in sections 5649-5 and 5649-5a of the General Code, and the same is approved by a majority of the electors voting on such question; and the proper legislative authorities of any such municipal corporation are hereby authorized to submit such question in the manner provided in said sections of the General Code at any regular election or at a special election. The number of years for which such levy shall be authorized shall not be required to be printed on the ballot, and the approval of the electors shall constitute sufficient authority for the making of such additional levy annually, during the time for which the bonds are to run, or until the same are redeemed, or the redemption thereof with interest is fully provided for.

Sec. 1260. If a council, department or officer of a municipality, or person, partnership or private corporation fails or refuses for a period of thirty days, after notice given him or them by the commissioner of health of his findings and order and the approval thereof by the public health council, to perform any act or acts required of him or them by this chapter relating to stream pollution and public water supply, the members of such council or department, or such officer or officers, person, partnership or private corporation shall be personally liable for such default, and shall forfeit and pay to the state of Ohio five hundred dollars to be paid into the state treasury to the credit of the general revenue fund.

Sec. 1261. An action may be begun for the recovery of such penalty by the prosecuting attorney of a county in the name of the state in the court of common pleas of such county having jurisdiction of any such party or parties, or it may be begun by the attorney general in such county or the county of Franklin, as provided by law. The court of common pleas, upon good cause shown, may, at its discretion, remit such penalty or any part thereof.

Section 2. That said original sections 1249, 1250, 1251, 1252, 1253, 1254, 1255, 1256, 1257, 1258, 1259, 1259-1, 1260 and 1261 of the

General Code be and the same are hereby repealed.

Passed April 17, 1919. Approved May 10, 1919. Filed in the office of Secretary of State, May 16, 1919.

County Sewer District Law

House Bills No. 280 and No. 281, both of which were passed by the Eighty-Third Assembly, change the existing laws relating to county sewer districts in such a way as to give these districts authority to acquire water and sewer systems, as well as to construct, maintain and operate such installations. Inasmuch as the law is not changed in other details, the two acts recently passed are not printed in this issue of the OHIO PUBLIC HEALTH JOURNAL.

GORRELL ACT FOR REPRESSION OF PROSTITUTION

State laws for the suppression of prostitution are greatly strengthened by House Bill No. 350, which defines explicitly the crime of prostitution and provides severe penalties for violation. The law also contains provisions for the medical examination of persons charged with violation of the law, for the treatment of persons found infected with venereal diseases and for continued holding in custody of perhaving a venereal disease in an infective stage, unless the court is certain that treatment will be continued as long as necessary for the protection of the public health.

AN ACT to further supplement section 13031 of the General Code by the enactment of sections to be known as sections 13031-13, 13031-14, 13031-15, 13031-16, 13031-17, 13031-18 and 13031-19, providing for the suppression of prostitution.

(House Bill No. 350).

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. That section 13031 of the General Code be further supplemented by the enactment of supplemental sections 13031-13, 13031-14, 13031-15, 13031-16, 13031-17, 13031-18 and 13031-19, to read as follows:

Sec. 13031-13. From and after the passage of this act it shall be unlawful to keep, set up, maintain or operate any place, structure, building or conveyance for the purpose of prostitution, lewdness or assignation; or to occupy any place, structure, building or conveyance for the purpose of prostitution, lewdness or assignation or for any person to permit any place, structure, building or conveyance owned by him or under his control to be used for the purpose of prostitution, lewdness or assignation, with knowledge or reasonable cause to know that the same is, or is to be, used for such purpose; or to receive or to offer or agree to receive any person into any place, structure, building or conveyance for the purpose of prostitution, lewdness or assignation or to permit any

person to remain there for such purpose; or to direct, take or transport, or to offer or agree to take or transport, any person to any place, structure, or building or to any other person with knowledge or reasonable cause to know that the purpose of such directing, taking or transporting is prostitution, lewdness or assignation; or to procure or to solicit or to offer to procure or solicit for the purpose of prostitution, lewdness or assignation; or to reside in, enter or remain in any place, structure or building, or to enter or remain in any conveyance, for the purpose of prostitution, lewdness or assignation; or to engage in prostitution, lewdness or assignation or to aid or abet prostitution, lewdness or assignation by any means whatsoever.

Sec. 13031-14. The term "prostitution" shall be construed to include the offering or receiving of the body for sexual intercourse for hire, and, shall also be construed to include the offering or receiving of the body for indiscriminate sexual intercourse without hire. The term "lewdness" shall be construed to include any indecent or obscene act. The term "assignation" shall be construed to include the making of any appointment or engagement for prostitution or lewdness or any act in furtherance of such appointment or engagement.

Sec. 13031-15. In the trial of any person, charged with a violation of any of the provisions of section 13031-13 of the General Code, testimony of a prior conviction, or testimony concerning the reputation of any place, structure or building and of the person or persons who reside in or frequent the same and of the defendant shall be admissible in evidence in support of the charge.

Sec. 13031-16. Whoever shall be found to have committed two or more violations of any of the provisions of section 13031-13 of the General Code within a period of one year next preceding the date named in an indictment, information or charge of violating any of the provisions of section 13031-13 of the General Code, shall be deemed guilty in the first degree. Whoever shall be found to have committed a single violation of any of the provisions of this act shall be deemed guilty in the second degree.

Sec. 13031-17. (a) Whoever shall be found guilty in the first degree, as set forth in section 13031-16, shall be subject to imprisonment in, or commitment to, any penal or reformatory institution in this state for not less than one nor more than three years; provided, that in case of a commitment to a reformatory institution the commitment shall be made for an indeterminate period of time of not less than one nor more than three years in duration, and the board of managers or directors of the reformatory institution, or other officer, board or commission vested with such powers, shall have authority to discharge, or to place on parole any person so committed after the service of the minimum term, or any part thereof, and to require the return to the said institution for the balance of the maximum term of any person who shall violate the terms or conditions of the parole.

(b) Whoever shall be found guilty in the second degree, as set forth in section 13031-16, shall be subject to imprisonment for

not more than one year; provided, that the sentence imposed, or any part thereof, may be suspended, and provided further that the defendant may be placed on probation in the care of a probation officer designated by law or theretofore appointed by the court upon the recommendation of five responsible citizens.

(c) Any person charged with a violation of section 13031-13 of the General Code, shall, upon the order of the court having jurisdiction of such case, be subjected to examination to determine if such person is infected with a venereal disease. Such examination shall be made by the physician employed to render medical service to persons confined or detained by the municipality or county, or by some physician designated by the court or by the board of health to make such examination. Any such person found to have a venereal disease in the infective stage shall receive medical treatment therefor and shall pay for such treatment if able to do so. If not able to pay, such medical treatment shall be at the expense of the municipality or county. No person charged with a violation of section 13031-13 of the General Code shall be discharged from custody, paroled or placed on probation if he or she has a venereal disease in an infective stage unless the court having jurisdiction shall be assured that such person will continue medical treatment until cured or rendered non-infectious.

(d) No girl or woman who shall be convicted under this act shall be placed on probation or on parole in the care or charge of any person except a woman probation officer.

Sec. 13031-18. The declaration by the courts of any of the provisions of this act as being in violation of the constitution of this state shall not invalidate the remaining provisions.

Passed June 17, 1919. Approved June 21, 1919. Filed in office of Secretary of State, June 23, 1919.

LAWS RELATING TO THE CONTROL OF TUBERCULOSIS, AS AMENDED BY EIGHTY-THIRD GENERAL ASSEMBLY

SECTION 3139. On and after January first, nineteen hundred and fourteen, no person suffering from pulmonary tuberculosis, commonly known as consumption, shall be kept in any county infirmary.

SECTION 3140. Whenever complaint is made to the state board of health that a person is being kept or maintained in any county infirmary in violation of section 3139 of this act, such state board of health may make arrangements for the maintenance of such person in some hospital or other institution in this state devoted to the care and treatment of cases of tuberculosis, and the cost of removal to, and the cost of maintenance of, such person in such hospital or institution shall become a legal charge against, and be paid by the county in which such person has a legal residence. If such person is not a legal resident of this state, then such expense shall be paid by the county

maintaining the infirmary from which removal is made.

SECTION 3141. In any county where a county hospital for tuberculosis has been erected such county hospital for tuberculosis may be maintained by the county commissioners, and for the purpose of maintaining such hospital the county commissioners shall annually levy a tax and set aside the sum necessary for such maintenance. Such sum shall not be used for any other purpose. When it shall become necessary to enlarge, repair, or improve a county hospital for tuberculosis, the county commissioners shall proceed in the same manner as provided for other county buildings. Plans and estimates of cost for all additions to county hospitals for tuberculosis shall be submitted to and approved by the state board of health and the board of state charities.

SECTION 3141-1. In any county which has joined in the erection of a district tuberculosis hospital and in which such hospital has not capacity to afford suitable accommodation for all cases of tuberculosis that should be admitted to such institution, and where the trustees of such district tuberculosis hospital or the joint board of county commissioners fail or refuse to provide additional accommodation in such hospital, the county commissioners may, with the consent of the state department of health, erect and maintain a county tuberculosis hospital. For the purpose of constructing and maintaining such county hospital the county commissioners may issue bonds and shall annually levy a tax and set aside the funds necessary for such maintenance. Such funds shall not be used for any other purpose. When it shall become necessary to enlarge, repair, or improve such county hospital for tuberculosis, the county commissioners shall proceed in the same manner as provided for other county buildings. Plans and estimates of cost for all additions to hospitals for tuberculosis shall be submitted to and approved by the state department of health and the board of state charities.

SECTION 3142. An accurate account shall be kept of all moneys received from patients or from other sources, which shall be applied toward the payment of maintaining a tuberculosis hospital. The county commissioners maintaining a county tuberculosis hospital or the joint board of commissioners, as hereinafter provided for, may receive for the use of the hospital, in its name gifts, legacies, devises, conveyances of real or personal property or money.

SECTION 3143. Instead of joining in the erection of a district hospital for tuberculosis, as hereinafter provided for, the county

The General Assembly passed three measures amending the tuberculosis hospital laws of the State, House Bill No. 383, House Bill No. 403 and House Bill No. 404. The law as it now stands with these amendments inserted is printed herewith. The force of the three bills passed by the legislature was explained on page 143 of the April OHIO PUBLIC HEALTH JOURNAL.

commissioners may contract with the board of trustees, as hereinafter provided for, of a district hospital, the county commissioners of a county now maintaining a county hospital for tuberculosis or with the proper officer of a municipality where such hospital has been constructed, for the care and treatment of the inmates of such infirmary or other residents of the county who are suffering from tuberculosis. The commissioners of the county in which such patients reside shall pay to the board of trustees of the district hospital or into the proper fund of the county maintaining a hospital for tuberculosis, or into the proper fund of the city receiving such patients, the actual cost incurred in their care and treatment, and other necessaries, and they shall also pay for their transportation. Provided, that the county commissioners of any county may contract for the care and treatment of the inmates of the county infirmary or other residents of the county suffering from tuberculosis with an association or corporation, incorporated under the laws of Ohio for the exclusive purpose of caring for and treating persons suffering from tuberculosis; but no such contract shall be made until the institution has been inspected and approved by the state board of health, and such approval may be withdrawn and such contracts shall be cancelled if, in the judgment of the state board of health, the institution is not managed in a proper manner. Provided, however, that if such approval is withdrawn, the board of trustees of such institution may have the right of appeal to the governor and attorney general and their decision shall be final.

SECTION 3144. In any county which has not provided for a county hospital for tuberculosis, or which has not joined in the erection of a district hospital for tuberculosis, the state board of health, upon a proper presentation of facts, may order any inmate of the infirmary who is suffering from tuberculosis, removed to a municipal, county, or district hospital for tuberculosis, but such removal shall not be made without the consent of the inmate, if a suitable place outside of the infirmary, approved by the state board of health, is provided for his or her care and treatment. The state board of health upon a proper presentation of facts, shall also have authority to order removed to a municipal, county or district hospital for tuberculosis, any person suffering from tuberculosis, when in the opinion of the state or a local board of health, such person is a menace to the public and cannot receive suitable care or treatment at home, provided, however, that such person shall have the right to remove from the state.

SECTION 3145. The medical superintendent shall investigate applicants for admission to the hospital for tuberculosis who are not inmates of the county infirmary and may require satisfactory proofs that they are in need of proper care and have tuberculosis. The board of trustees may require from any such applicant admitted from the county or counties maintaining the hospital a payment not exceeding the actual cost incurred in their care and treatment, including necessaries and cost of transportation, or such less sum as they may deem advisable, owing to the financial condition of the applicant.

SECTION 3146. The district hospital for tuberculosis, as herein-

after provided for, shall be devoted to the care and treatment of those admitted to the county infirmary within the district afflicted with tuberculosis, and of other residents of the district suffering from the disease and in need of proper care and treatment.

SECTION 3147. The state department of health shall have general supervision over all hospitals for tuberculosis and shall prescribe and may enforce such rules and regulations for their government as it deems necessary. All persons in charge of or employed at such hospital or residents thereof, shall faithfully obey and comply with all such rules and regulations. The location, plans and estimates of cost for all district hospitals for tuberculosis or additions thereto shall be submitted to and approved by the state department of health, and the board of state charities.

SECTION 3148. The commissioners of any two or more counties not to exceed ten, may form themselves into a joint board for the purpose of establishing and maintaining a district hospital, providing there is no municipal tuberculosis hospital therein for the care and treatment of persons suffering from tuberculosis, and may provide the necessary funds for the purchase of a site, which site shall be separate and apart from the infirmary boundaries in any county and also may provide for the erection of the necessary buildings thereon; and provided further that where any number of counties have already constructed and are operating a district tuberculosis hospital, counties may join such counties for enlargement and use of such hospital, and providing further that the county commissioners of any county within a district which desires to withdraw from said district, may dispose of its interest in said district hospital by selling same to any county or counties in said district and subject to the approval of the state board of health. Any new district or addition to a district shall be approved by the state board of health. Such necessary expenses as may be incurred by the county commissioners in meeting with the commissioners of other counties for consideration of the proposal to establish a district tuberculosis hospital shall be paid from the general fund of the county. After the organization of the joint board such expenses shall be paid from the fund provided for the erection and maintenance of such hospital.

SECTION 3148-1. The county commissioners of any county wherein is located a municipal tuberculosis hospital, may provide the necessary funds for the purchase or lease of a site, and the erection or lease of the necessary buildings thereon, for the operation and maintenance of a county hospital for the treatment of persons suffering from tuberculosis. Any municipality within said county at present maintaining and operating a hospital for the treatment of tuberculosis may continue to maintain said hospital as a municipal hospital or may lease or sell the same to the county.

SECTION 3148-2. The management and control of such tuberculosis hospital shall be vested in a board of trustees, which board of trustees shall have all the power conferred by law upon the board of trustees of district hospitals for the care of persons suffering from tuberculosis, and all laws applicable to the levy of taxes for the erection, maintenance and operation of said district hospitals shall apply to the leasing, erection,

operation and maintenance of said county hospital for the treatment of persons suffering from tuberculosis.

SECTION 3148-3. The county commissioners shall constitute the board of trustees of such hospital.

SECTION 3149. In the selection and acquirement of such site the joint board shall have the same powers for the appropriation of lands as are conferred upon boards of trustees of benevolent institutions of the state. They may receive and hold in trust for the use and benefit of such institution, any grant or devise of land, and any donation or bequest of money or other personal property that may be made for the establishment or support thereof.

SECTION 3150. As soon as possible after organization, the joint board shall appoint a board of trustees to consist of one member from each county represented. Such trustees shall hold their offices as follows: One for one year, one for two years, and where three counties are represented, one for three years, and where four counties are represented, one for four years, and where five counties are represented, one for five years, and annually thereafter the joint board of commissioners shall appoint one trustee for a term of as many years as there are counties represented, and until his successor is appointed and qualified. Any vacancy shall be filled by an appointment in like manner for the unexpired term of the original appointment. The joint board of commissioners may remove any trustee for good and sufficient cause after a hearing upon written charges.

SECTION 3153 (3151). Subject to the provisions of this chapter, such board of trustees shall prepare plans and specifications and proceed to erect and furnish the necessary buildings for a district hospital for tuberculosis. They shall appoint a suitable person medical superintendent of the hospital, who shall not be removed except for cause, and, upon the recommendation of the superintendent, such nurses and other employes as may be necessary for the proper conduct of the hospital. The trustees shall fix the compensation of the medical superintendent and other employes. Subject to the rules and regulations prescribed by the board of trustees, the superintendent shall have entire charge and control of the hospital. The trustees shall serve without compensation, but their necessary expense when engaged in the business of the board shall be paid. The trustees, medical superintendent or nurses of such hospital are authorized to attend conferences where the care, treatment or prevention of tuberculosis is a subject for consideration.

SECTION 3152. The first cost of the hospital, and the cost of all betterments and additions thereto, shall be paid by the counties comprising the district, in proportion to the taxable property of each county outside of a municipality having a tuberculosis hospital as shown by their respective duplicates. To meet the expenses incurred in the purchase of a site and for the erection of buildings or for the purpose of enlarging, improving or rebuilding thereof, the commissioners may borrow such sum or sums of money as may be apportioned to the county, at a rate of interest not to exceed six percent per annum, and issue bonds of the county to secure payment of the principal and interest thereof. Such princ-

ipal and interest shall be paid as provided in section 2435 of the General Code. A statement shall be prepared quarterly showing the per capita daily cost for the current expenses of maintaining such hospital, including the cost of the ordinary repairs, and each county in the district shall pay its share of such cost as determined by the number of days the total number of patients from such county have spent in the hospital during the quarter, but the sum paid by the patients from such county for their treatment therein shall be deducted from this amount. The boards of commissioners of counties jointly maintaining a district hospital for tuberculosis shall make annual assessments of taxes sufficient to support and defray the necessary expense of maintenance of such hospital.

SECTION 3152-1. All taxes levied by the county commissioners of any county under the provisions of section thirty-one hundred and fifty-two shall, when collected, be paid over to the trustees of the district tuberculosis hospital upon the warrant of the county auditor, at the same time that school and township moneys are paid to the respective treasurers; and the board of trustees shall receipt therefor and deposit said funds to its credit in a bank or banks or trust company to be designated by it, and said bank or trust company shall give to said board, a bond therefor in an amount at least equal to the amount so as aforesaid deposited; and thereupon said funds may be disbursed by said board of trustees for the uses and purposes of said district tuberculosis hospital, and accounted for as provided in the foregoing sections. Each trustee shall give bond for the faithful performance of his duties in such sum as may be fixed by the joint board of commissioners, the expense of such bond, if any, shall be paid out of the fund for the maintenance of the hospital. The bond of each trustee after being approved by the joint board of county commissioners shall be filed with the auditor of the county represented by him.

SECTION 3152-2. Whenever after any district tuberculosis hospital has been established and operated for a continuous period of five or more years, a new site, a new hospital building or buildings, betterments and additions to an existing building or buildings, or new equipment become necessary, any county in the district may complain by proper petition to the court of common pleas of the county in which said district tuberculosis hospital is located, stating that it is unjust and inequitable that such complaining county shall pay for the said expense incurred or to be incurred in proportion to its taxable property, as provided by section 3152 of the General Code. In such petition the complaining county shall be plaintiff and all other counties of said district shall be defendants, and each shall be required to answer said petition within the ordinary answer day required in civil actions. Upon answer or in default thereof the matter shall come on for hearing before said court of common pleas, and upon a full hearing said court of common pleas may make such order of apportionment of said expense between the counties as may be just, proper and equitable, and thereupon such order shall be binding as between the counties, and in lieu of the apportionment prescribed

by said section 3152 of the General Code.

SECTION 3153. Such board of trustees shall meet monthly, and at such other times as they deem necessary. On the first Monday in April of each year they shall file with the joint board of county commissioners and with the state board of health an annual report of the operation of such district hospital, including a statement of all receipts and expenditures during the year, and at such time shall certify the amount necessary to maintain and improve the hospital for the ensuing year. The county commissioners maintaining a county hospital for tuberculosis on the first Monday in April of each year, shall file with the state board of health an annual report of the operations of such county hospital including a statement of all receipts and expenditures during the year.

SECTION 3153-1. The county commissioners may appoint one or more instructing and visiting nurses who may visit any home or place in the county wherein there is a case of tuberculosis, but such appointments shall be subject to the approval of the state department of health.

SECTION 3153-2. Where such apointments are made by the board of county commissioners, such nurses shall be subjected to the supervision of the county commissioners, and the state department of health, and may be detailed for service under any local board of health or health department having jurisdiction.

SECTION 3153-3. The board of county commissioners appointing such instructing and visiting nurses shall fix the compensation of such nurses, and may authorize such nurses to attend conferences where the care, treatment or prevention of tuberculosis, public health or nursing are subjects for consideration. Such compensation and the necessary expenses incurred by such nurses shall be paid from the poor fund of the county, or from the funds provided for the hospital for tuberculosis.

SECTION 3153-4. A joint board of county commissioners created by section 3148 of the General Code for the purpose of establishing and maintaining a district hospital for tuberculosis may establish and maintain one or more tuberculosis dispensaries in the counties comprising the district and may provide by tax levies or otherwise the necessary funds for their establishment and maintenance.

SECTION 3153-5. In such counties as maintain county hospitals for tuberculosis as provided by section 3141 of the General Code or in such counties as have contracts for the care of tuberculous patients with municipal tuberculosis hospitals located within their county, the county commissioners may establish and maintain one or more tuberculosis dispensaries in the county and may provide by tax levies or otherwise the necessary funds for their establishment and maintenance.

SECTION 3153-6. In such counties as have not constructed a county hospital for tuberculosis, or have not contracted with a municipal tuberculosis hospital, or in such counties as have joined in the construction of a district tuberculosis hospital and in which the joint board of county commissioners of such district shall fail or refuse to maintain tuberculosis dispensaries as herein provided, the county commissioners may

establish and maintain one or more tuberculosis dispensaries in the the county and may employ physicians, public health nurses and other persons for the operation of such dispensaries or of other means provided for the prevention, care and treatment of cases of tuberculosis and may provide by tax levy or otherwise the necessary funds for their establishment and maintenance.

SECTION 3153-7. The establishment of any tuberculosis dispensary, as provided for in the foregoing sections, shall be approved by the state board of health. The state board of health shall prescribe rules and regulations governing the operation of all such dispensaries and shall prescribe suitable forms and regulations for the reports of all such dispensaries.

NEW LAWS REGARDING HOSPITALS

Hospital Supervision Act

AN ACT to amend sections 1352, 6259 and 6262, to add supplementary section 1236-6 and to repeal sections 6257 and 6258 of the General Code relative to classification and inspection of hospitals.

(Senate Bill No. 15).

Be it enacted by the General Assembly of the State of Ohio,

SECTION 1. That sections 1352, 6259 and 6262 be amended and supplementary section 1236-6 of the General Code be added to read as follows:

Sec. 1236-6. The Commissioner of Health shall have power to define and classify hospitals and dispensaries. Within thirty days after the taking effect of this act, and annually thereafter, every hospital and dispensary, public or private, shall register with, and report to, the State Department of Health, on forms furnished by the Commissioner of Health, such information as he may prescribe.

Sec. 1352. The Board of State Charities shall investigate by correspondence and inspection the system, condition and management of the public and private benevolent and correctional institutions of the state and county, and municipal jails, workhouses, infirmaries and children's homes as well as all institutions whether incorporated, private, or otherwise, which receive and care for children. Officers in charge of such institutions or responsible for the administration of public funds used for the relief and maintenance of the poor shall furnish the board or its secretary such information as it requires. The board may prescribe such forms of report and registration as it deems necessary.

Senate Bill No. 15 places supervision of hospitals in the hands of the State Department of Health, and draws a line between the respective jurisdictions of the State Department of Health and the Board of State Charities over maternity hospitals and child-caring institutions. Action taken by the Department to carry out provisions of this law is discussed elsewhere in this magazine.

For the purpose of such investigation and to carry out the provisions of this chapter it shall employ such visitors as may be necessary, who shall, in addition to other duties, investigate the care and disposition of children made by institutions for receiving children, and by all institutions including within their objects the placing of children in private homes, and, when they deem it desirable they shall visit such children in such homes and report the result of such inspection to the board. The members of the board and such of its executive force as it shall designate may attend state and national conferences for the discussion of questions pertinent to their duties. The actual traveling expense so incurred by the members and such of its executive force as it shall designate shall be paid as provided by Section 1351 of the General Code.

Sec. 6259. The Commissioner of Health may grant licenses to maintain maternity hospitals or homes, lying-in hospitals, or places where women are received and carred for during parturition. An application therefor shall first be approved by the Board of Health of the city, village or township in which such maternity hospital or home, lying-in hospital, or place where women are received and cared for during parturition is to be maintained. A record of the license so issued shall be kept by the State Department of Health, which shall forthwith give notice to the Board of Health of the city, village or township, in which the licensee resides, of the granting of such license and of the terms thereof.

Sec. 6262. The Commissioner of Health and the Boards of Health of cities, villages or townships shall annually, and may, at any time, visit and inspect, or designate a person to visit and inspect the system, condition and management of the institutions and premises so licensed.

SECTION 2. That original sections 1352, 6259 and 6262 and sections 6257 and 6258 of the General Code be, and the same are hereby repealed.

Passed March 11, 1919. Approved March 27, 1919. Filed in the office of Secretary of State March 27, 1919.

County Hospital Law

House Bill No. 305 amends the previously existing law providing for the establishment and maintenance of county hospitals. One feature of the law is its provision for the establishment of such hospitals as memorials to commemorate the war service of citizens. The form of organization for the construction and maintenance of the hospital is also changed.

AN ACT to amend sections 3128, 3130, 3131, 3132, 3133, 3134, 3136 and 3137 of the General Code, relative to the erection and maintenance of county hospitals.

(House Bill No. 305).

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. That sections 3128, 3130, 3131, 3132, 3133, 3134, 3136 and 3137 of the General Code be amended to read as follows:

Sec. 3128. The petitions thus filed with the county commissioners shall stipulate the maximum amount of money to be expended in purchasing or building such hospital, and it shall be published with notices of the election in at least two newspapers of opposite politics of general circulation in the county, at least one time, twenty or more days prior to the election.

And when a majority of the taxpayers signing the petitions submitted to the county commissioners under the preceding section, shall state therein that it is desired by them that such hospital be designated as a memorial to commemorate the services of the soldiers, sailors, marines and pioneers of the county, then such hospital, if erected in accordance with the provisions of this act, shall be known and designated as a county memorial hospital; and such plates, tablets, busts, statues and other memorials and equipment as the board of county hospital trustees hereinafter provided for shall deem fit to properly accomplish and preserve the memorial feature in such hospital, shall be incorporated in its construction. And if the memorial feature be thus incorporated, this fact shall be mentioned in the published notices hereinbefore required.

Sec. 3130. If a majority of the electors of the county voting at such election are in favor of the issuance of bonds, the commissioners shall provide for the issuing and sale thereof according to law and in conformity to the provisions of this chapter.

Sec. 3131. If a majority of the electors of the county voting at such election are in favor of the issuance of bonds, the deputy state supervisors of elections for such county shall certify the result of such election to the governor of the state; whereupon the governor shall, within ten days after the receipt of such certification, appoint a board of county hospital trustees, composed of four freeholders of such county.

Such board shall be bipartisan, with two members from each of the two political parties casting the highest number of votes in such county for their respective candidates for governor at the next preceding gubernatorial election. And the governor shall forthwith notify the persons so selected of their appointment as such trustees, by mail, and fix a date not more than ten days later when such trustees shall meet at the county seat of such county to organize such board.

On the date thus fixed such trustees shall meet and organize such board by electing one of their number as chairman and another as secretary. The county commissioners shall fill all vacancies which may occur in such board of trustees, as well as in the board of hospital trustees hereinafter provided for, which may result from death, resignation or removal from office. Such board of trustees shall hold such meetings as the performance of its duties may require and shall keep a record of its proceedings and a strict account of all its receipts, disbursements and expenditures; and upon completion of their duties as herein provided, they shall file such account with the board of county commissioners and make final settlement with such board.

Such hospital trustees shall serve until such hospital be fully completed and sufficiently equipped for occupancy, whereupon their successors shall be appointed as hereinafter provided.

Sec. 3132. Such board of trustees shall have full charge and control of the selection and purchase of a site for such hospital (taking title thereto in the name of the county), the selection of plans and specifications, the determination and erection of all necessary buildings thereon, and of the selection and installation of all necessary and proper furniture, fixtures and equipment therefor.

Such hospital trustees and their successors herein provided for may receive and hold in trust for the use of the hospital any grant or devise of land or any gift or bequest of money or other personal property that may be given for the erection or support of the hospital.

The trustees shall serve without compensation, but shall be allowed their necessary and reasonable expenses incurred in the performance of their duties, the same to be paid out of the funds provided for such hospital. They may employ such help as they shall deem necessary to perform their clerical work and to superintend properly the construction of such hospital, and pay the expenses thereof out of the funds provided for such hospital.

Each trustee shall give bond for the proper performance of his duties in such sum as the board of county commissioners may require, with sureties to its approval.

Sec. 3133. Upon the certificate of such trustees, stating the amount nectssary, the county commissioners shall issue and sell the bonds of the county in the amount so certified but not in excess of the amount named in said petitions. Said bonds shall be sold in anticipation of taxes to be levied as hereinafter provided; they shall bear interest at a rate not exceeding six per cent per annum, payable semi-annually and the proceeds thereof shall be used for the purpose of purchasing a site and erecting hospital buildings, or of purchasing a site with buildings already erected thereon and for equpping and maintaining the same.

Annually thereafter the commissioners shall levy, in addition to all other levies authorized by law, an amount sufficient to properly maintain and conduct said hospital and furnish such extension and further equipment thereof as may be necessary; and also to provide a sufficient sinking fund for the ultimate payment of such bonds and interest as the same shall mature.

Sec. 3134. The fund arising from the sale of such bonds shall be placed in the county treasury to the credit of a fund to be known as the "county hospital fund." And such fund shall be paid out on the order of said board of county hospital trustees, certified by the chairman aand secretary thereof.

If, upon the final completion of such county hospital, an unexpended balance of the fund remains in the county treasury, such balance shall be placed and kept to the credit of the sinking fund herein provided for.

Sec. 3136. When said hospital shall have been fully completed and sufficiently equipped for occupancy as hereinbefore provided, the county commissioners shall appoint a board of four trustees as follows: one for one year, one for two years, one for three years and one for four years from the first Monday of March thereafter. Not more than two of such trustees shall be of the same political party. Annually thereafter

on the first Monday of March, the county commissioners shall appoint one such trustee, who shall hold his office for the term of four years and until his successor be appointed and qualified.

The commissioners shall immediately fill any vacancy in such board which may be caused by death, resignation or removal, by appointment for the unexpired term. They may remove any trustee appointed by such board of commissioners for cause impairing faithful, efficient and intelligent administration, or for conduct unbecoming to such office, after an opportunity be given to be heard upon written charges; but no removal shall be made for political reasons.

Sec. 3137. Upon the appointment and qualification of such trustees as herein provided, they shall organize by the election of one of their members as president and another as clerk.

Such board shall hold meetings at least once a month, and shall adopt necessary rules for the regulation of its business, and keep a complete record of its proceedings. Three members of such board shall constitute a quorum.

Such board shall assume and continue the operation of such hospital. It shall have the entire management and control of the hospital and shall establish such rules for the government thereof and the admission of persons thereto as it deems expedient; it shall have control of the property of the hospital and deposit all monies thereof with the county treasurer to the credit of the hospital fund; and the same shall be paid out only for the maintenance and operation of such hospital, on the warrant of the county auditor, issued pursuant to the orders of the trustees.

Such board shall employ a superintendent, and, upon the nomination by such superintendent, shall confirm the employment of such physicians, nurses and other employes as may be necessary for the proper care, control and management of such hospital and its inmates; and shall fix their respective salaries and compensation; and any such person may be removed by such trustees at any time when, in their judgement, the welfare of such institution may so warrant.

Such trustees may determine whether patients presented at the hospital for treatment are subjects for charity, and shall fix the compensation to be paid by patients other than those unable to assist themselves. They may provide for the free treatment in such hospital of soldiers, sailors and marines of the county, under such conditions and regulations as they shall prescribe.

The hospital superintendent herein provided for shall give such bond for the faithful performance of his duties as such trustees may require and with sureties to their approval.

The trustees shall annually on the first day of March file with the county commissioners a statement of their receipts and expenditures for the preceding year and shall submit to such commissioners an estimate of the financial requirements of such hospital for the ensuing year.

SECTION 2. That original sections 3128, 3130, 3131, 3132, 3133, 3134, 3136 and 3137 of the General Code be, and the same are hereby repealed.

Passed April 16, 1919. Approved May 9, 1919. Filed in office of Secretary of State, May 12, 1919.

County Hospital Contracts

The only change in the law made by the passage of House Bill No. 65 is to give a board of county commissioners authority to make contracts with one or more hospitals, instead of with a single hospital as previously, for the care of the indigent sick and disabled.

AN ACT to amend section 3138-1 and to repeal section 2502 of the General Code, relating to contracts between county commissioners and hospitals organized for charitable purposes.

(House Bill No. 65).

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. That section 3138-1 of the General Code be amended to read as follows:

Sec. 3138-1. That the board of county commissioners of any county may enter an agreement with one or more corporations or associations, organized for charitable purposes, or with one or more corporations or associations organized for the purpose of maintaining and operating a hospital in any county where such hospital has been established, for the care of the indigent sick and disabled, excepting persons afflicted with pulmonary tuberculosis, upon such terms and conditions as may be agreed upon between said commissioners, and such corporations or associations, and said commissioners, shall provide for the payment of the amount agreed upon, either in one payment, or installments, or so much from year to year as the parties stipulate. Nothing herein shall authorize the payment of public funds to a sectarian institution.

SECTION 2. That said original section 3138-1 and section 2502 of the General Code be, and the same are hereby repealed.

Passed March 27, 1919. Approved April 8, 1919. Filed in office of Secretary of State April 9, 1919.

MISCELLANEOUS PUBLIC HEALTH LEGISLATION

Seal for Department

AN ACT to provide a seal for the state department of health for the authentication of records and to authorize the administering of oaths.

(Senate Bill No. 121).

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. The state department of health shall have a seal bearing the following inscription: "The State Department of Health of Ohio." The seal shall be affixed to all writs, orders and authentications of copies of records and to such other instruments as the commissioner of health or public health council shall direct. All courts shall take judicial notice of said seal.

SECTION 2. The commissioner of health shall keep a journal in which entry shall be made of all official acts performed by him. A certified transcript of an entry in

Senate Bill No. 121 legalizes the use of a seal by the State Department of Health to authenticate the records of the Department, and confers upon certain officials of the department the power to administer oaths in the course of their official duties.

such journal or certified transcript of a recorded action of the public health council when impressed with the seal of the state department of health shall be accepted in court in lieu of the original journal entry or of the record of the public health council.

SECTION 3. The commissioner of health and the secretary of the public health council shall have power to administer oaths in all parts of the state so far as the exercise of such power is incidental to the performance of the duties of the commissioner of health or the public health council.

Passed April 9, 1919. Approved April 17, 1919. Filed in office of Secretary of State, April 17, 1919.

Local Public Health Nurses

AN ACT to amend section 4411 of the General Code, relating to employes of the local boards of health.

(House Bill No. 21).

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. That section 4411 of the General Code be amended to read as follows:

Sec. 4411. The board may also appoint as many persons for sanitary duty as in its opinion the public health and sanitary conditions of the corporation require, and such persons shall have general police powers and be known as sanitary police. The board may also appoint as many persons for public health nurse duty as in its opinion the public health and sanitary conditions of the corporation require, and such persons shall be registered nurses and shall be known as public health nurses; provided, however, that where registered nurses are not available the board may appoint other suitable persons as public health nurses.

The council may determine the maximum number of sanitary police and public health nurses so to be appointed.

SECTION 2. That said original section 4411 of the General Code be, and the same is hereby repealed.

House Bill No. 21, authorizing the employment of nurses by local boards of health in the State, was passed as an emergency measure, and has been in effect since February 28. Prior to the passage of this law, there was no legal provision whereby a board of health could employ a public health nurse, except in charter cities where such authority might be explicitly granted by the charter. After January 1 the employment of at least one nurse in every local health jurisdiction will be compulsory, under the provision of the Hughes Act.

SECTION 3. That this act be and is hereby declared to be an emergency measure; that the emergency therefor being the prevalence in the state of Ohio of the Spanish influenza in malignant form and other contagious and infectious diseases demanding immediate and vigorous attention in order that the health and safety of the citizens of said state may be properly protected and preserved.

Passed February 13, 1919. Approved February 28, 1919. Filed in office of Secretary of State, February 28, 1919.

Disposal of Animals' Bodies

The public health feature of House Bill No. 99 is contained in its provision for regulating the activities of persons or firms engaged in disposing of the bodies of dead animals. Local boards of health will find the measure important in carrying out their duties in regard to the abatement of nuisances.

AN ACT to prevent the spread of hog cholera and other diseases, regulating the business of disposing of the bodies of dead animals by the process of burying, burning, or cooking; providing for the issuance of licenses to persons, firms or corporations, permitting them to follow such business; providing for the inspection of plants where such business is carried on; providing for the violation of any of its provisions.

(House Bill No. 99).

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. That any person, firm or corporation desiring to engage in the business of disposing of the bodies of dead animals, by burying, burning, or cooking; and any person, firm or corporation in such business and desiring to continue same, shall first procure from the secretary of agriculture a license to do so, which license shall be for a period of one year and no longer. No license shall be required under the provisions of this act prior to January 1, 1920.

SECTION 2. Any person, firm or corporation who shall obtain from any other person, firm or corporation, by purchase or otherwise, the body of an animal for the purpose of obtaining the hide, skin or grease from such dead animal or for the purpose of disposing of the carcass of such dead animal in any way whatsoever, shall be deemed to have engaged in the business of disposing of the bodies of dead animals and shall be subject to all the provisions and penalties of this act. This act shall not apply to any person, firm or corporation engaged in the business of gathering up and disposing of the bodies of dead fowls, cats, dogs, and other small animals in cities and villages under contract with such cities and villages to dispose of such dead bodies as garbage, nor to any person in such city or village who may employ another person to lawfully and legally dispose of the body of any animal which may have died in such city or village. Nothing in this act shall apply to the original owner disposing of carcasses of dead animals on his own premises.

SECTION 3. Any person, firm or corporation desiring a license to engage in such business shall file an application for such license with the secretary of agriculture. Such applicant, at the time he files

such application shall pay to the secretary of agriculture a fee of $50.00. In case more than one inspection of the premises of said applicant is necessary as hereinafter provided the applicant shall pay a further fee of $25.00 for each such inspection before the licenses shall be issued.

SECTION 4. Immediately after the filing of said application the secretary of agriculture shall cause the premises, where such applicant desires to conduct such business, to be inspected. If the secretary of agriculture shall find that such applicant is a responsible person, firm or corporation, and that the rules and regulations of the secretary of agriculture as hereinafter provided have been complied with, he shall issue a license to such applicant.

If said secretary of agriculture shall find that such rules and regulations have not been complied with, he shall notify the applicant of that fact and shall specify in writing the changes that must be made before such license will be issued.

Upon request of the applicant and payment by him of the additional fee provided for in section 3 the secretary of agriculture shall cause a second inspection to be made and such proceedings shall be had as in the case of the first inspection.

SECTION 5. The secretary of agriculture shall make and cause to be printed such reasonable rules and regulations for the carrying on of such business, for the physical and sanitary conditions of the premises and equipment as may seem to him to be necessary and proper. He shall furnish copies of such rules and regulations to any person who shall apply for them.

SECTION 6. The secretary of agriculture, in person or by deputy, shall inspect or cause to be inspected each place licensed under this act at least once each year, and as often as the secretary of agriculture may require, and shall see that the licensee conducts the business in conformity to this act and to the rules and regulations made and established by the secretary of agriculture. For failure or refusal to obey the provisions of this act or said rules and regulations by any licensee, the secretary of agriculture may suspend or revoke the license held by such licensee.

SECTION 7. Proper blank applications for licenses shall be provided and furnished free to the applicant by the secretary of agriculture.

SECTION 8. Any person, firm or corporation holding license under the provisions of this act may haul and transport hogs which are afflicted with and carcasses of hogs that have died of disease in a covered wagon bed or tank which is water tight and is so constructed that no drippings or seepage can escape from such wagon bed or tank. Provided, however, such wagon bed or tank shall be so constructed as to conform to the rules and regulations that may be established by the secretary of agriculture and said carcasses shall not be moved from said wagon bed or tank except at the place of final disposal.

SECTION 9. Any person, firm or corporation violating any of the provisions of this act, shall be deemed guilty of a misdemeanor, and upon conviction shall be fined not less than fifty dollars nor more than two hundred dollars; such fines and penalties to be collected in the name of the state of Ohio.

All moneys received for fines and license fees under this act shall be paid to the secretary of agriculture and by him paid into the state treasury.

SECTION 10. It shall be the duty of the attorney general or any county prosecuting attorney to prosecute all violations of this act when so requested by the secretary of agriculture.

SECTION 11. A justice of the peace, mayor or police judge shall have final jurisdiction within his county in prosecutions relating to violations of the provisions of the law relating to the business of disposing of the bodies of dead animals and of transporting hogs afflicted with disease.

Passed April 8, 1919. Approved April 22, 1919. Filed in office of Secretary of State, April 24, 1919.

Washrooms at Mines

AN ACT to supplement section 934 of the General Code by the enactment of section 934-1, requiring washrooms to be provided and maintained at coal mines for the use of employes.

(House Bill No. 27).

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. That section 934 of the General Code be supplemented by the enactment of section 934-1 of the General Code, to read as follows:

Sec. 934-1. Every owner, operator, lessee or agent of a coal mine, where five or more persons are employed, shall provide and keep in repair a wash room, convenient to the principal mine entrance, adequate for the accommodation of the employees, for the purpose of washing and changing their clothes when entering and returning from the mine. Such wash room shall be properly lighted and heated, supplied with warm and cold water and adequate and proper facilities for washing purposes.

SECTION 2. This act shall take effect and be in force from and after April 30, 1920.

Passed March 26, 1919. Approved April 8, 1919. Filed in office of Secretary of State, April 9, 1919.

Use of Salamanders

AN ACT to provide penalties for the use of salamanders or other coke-burners giving off obnoxious or injurious gases in enclosures where persons work or are employed.

(House Bill No. 346).

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. Whoever uses or causes or permits to be used an open salamander or coke burner or other outfit or receptable of any kind in which charcoal, coke, coal, or any other fuel or combustible substance is burned or in process of combustion so as to give off obnoxious gases or gases detrimental to health, in any enclosed residence or enclosed building under construction while a person or persons work or are employed therein without providing a proper pipe, chimney or enclosure to carry said gases from said open salamander, coke burner, outfit or receptacle to the outside of said enclosed building or residence, shall be guilty of a misdemeanor, and on conviction for the first offense shall be fined not more than one hundred dollars, and for a second

or subsequent offense shall be fined not less than one hundred dollars nor more than two hundred dollars, and in each case he shall stand committed until such fine and the costs are paid or until he is otherwise discharged by due process of law.

Passed April 17, 1919. Approved May 19, 1919. Filed in office of Secretary of State, May 19, 1919.

City Infant Mortality Rates For 1918 Are Announced

INFANT mortality rates of the larger Ohio cities for 1918 show wide variations when compared with each other. Rates for eleven cities of the State, whose health officers reported the figures to the New York Milk Committee for inclusion in a country-wide statement on city infant mortality rates, range from 69.2 in the case of Lima to 125.8 for Lorain. (The infant mortality rate is the number of deaths under one year of age per 1,000 living births.) Six cities registered decreases in rate as compared with 1917. The rates of the eleven cities for 1918 and for preceding years are given in the accompanying table.

No Ohio city reporting for 1918 approached the low rate of 35.4, which placed Brookline, Massachusetts, at the head of the roll of honor for the year. Other cities with rates under 50 were Madison, Wisconsin, 38.1, and Pasadena, California, 43.8. Brookline took its place at the head of the list for the third time, having led also in the period 1906-10 and in 1916. Pasadena, third in 1918, was first the previous year.

Six Ohio cities had lower rates in 1918 in 1917, despite the ravages of the influenza epidemic during the last quarter of the year, which increased the child mortality of the State at large heavily. These six communities were Cleveland, Toledo, Dayton, Canton, Hamilton and Lima. The heaviest increases occurred in Lorain and Springfield, the former going up slightly more than 25 percent and the latter's slightly under 25 percent.

INFANT MORTALITY RATES IN OHIO CITIES, 1906-1918.

	AVERAGES				
	1906-10	1911-15	1916	1917	1918
Cleveland	156.8	127.7	107.0	104.9	95.4
Cincinnati	138.8	93.9	97.6	87.8	104.1
Columbus	.....	99.9	89.0	86.8	98.9
Toledo	.....	110.2	111.5	95.6	94.3
Dayton	.....	104.6	98.4	93.8	84.0
Akron	.....	103.7	90.2	84.0	101.6
Canton	.....	106.4	109.1	98.0	77.0
Springfield	.....	80.5	80.4	82.5	102.7
Hamilton	.....	.....	83.4	103.3	102.4
Lima	.....	99.4	78.7	85.7	69.2
Lorain	.....	.....	181.1	100.4	125.8

The following tables, inserted to show the comparative standing of Ohio cities among cities of approximately their own size in the country at large in 1918, list for each population group (1) the city with the lowest rate, (2) the Ohio cities, (3) the city with the highest rate:

POPULATION OVER 500,000

New York	91.7
Cleveland	95.4
Baltimore	147.8

POPULATION 300,000 TO 500,000

San Francisco	57.2
Cincinnati	104.1
New Orleans	123.3

POPULATION 100,000 TO 300,000

Seattle	63.4
Dayton	84.0
Toledo	94.3
Columbus	98.9
Fall River, Mass.	161.3

POPULATION 50,000 TO 100,000

Salt Lake City	63.3
Canton	77.0
Akron	101.6
Reading, Pa.	202.9

POPULATION 25,000 TO 50,000

Brookline, Mass.	35.4
Lima	69.2
Hamilton	102.4
Springfield	102.7
Lorain	125.8
Portsmouth, Va.	149.1

STATE IS DISTRICTED FOR HEALTH SUPERVISION.

(*Continued from page* 256.)

director of the Division of Comcunicable Diseases in the State Department of Health until he is relieved by the former director, Dr. F. G. Boudreau, who will return soon from military service.)

District 4 — Dr. Walter S. Bennett, Cardington.

District 5 — Dr. J. A. Frank, Columbus. (Dr. Frank has been assistant epidemiologist in the State Department of Health.)

District 6—Dr. C. R. Deeds, Fresno.

District 7 — Dr. Henry E. Kock, Cincinnati.

District 8 — Dr. E. R. Shaffer, Columbus.

The first duty assigned to the supervisors is to direct the reorganization of local health administrative agencies in accordance with the Hughes Act. They will begin this task by getting into touch with mayors and with chairmen of township trustees, and arranging for the meeting of these officials in each county to organize the district advisory council.

ADENOIDS HANDICAP AMERICAN CHILDREN.

Adenoids are handicapping more than ten per cent of the American children in attaining normal, healthful development to manhood, according to a recent extensive survey in population centers conducted by the United States Public Health Service.

The results of the medical examinations conducted by the draft boards indicate that a considerable proportion of the defects there discovered were unquestionably due to the failure of parents to pay proper attention to the physical defects in young children. Excluding defective teeth, experience throughout the country shows that adenoids are among the most frequent of the physical defects in children.

Adenoids may be prevented, or cured after development. As one of its contributions to improve the nation's health and strengthen its manhood the Public Health Service has prepared a booklet on adenoids for distribution to parents and school authorities.

Has Your Community a Public Health Nurse?

TO those who have followed the development of public health work in this country it becomes more and more evident that much of the progress which has been made is due to the introduction of public health nursing as an integral part of public health administration. And yet it seems but yesterday when the first nurses were assigned to visit tuberculosis patients in their homes, report on the sanitary conditions found there, and by practical instructions to the patient and his family help combat the spread of the disease to others. The results achieved by this band of pioneers exceeded all expectations, so that in a short time it was realized that in no other way could the work of public authorities so effectively be brought home to the people.

The reasons for this are not far to seek, for the personal contact thus established between the health authorities on the one hand and the people on the other is incomparably more effective than any other means of promoting health education.

It would be a long story to describe in detail all the important activities now carried on in a modern health department by public health nurses. The fact is that the work of these newer recruits to the ranks of public health workers has proved invaluable. They have studied and reported on the home conditions so frequently responsible for disease, discovered unreported cases of infectious diseases, given practical instruction in the prevention and care of infectious diseases, collected epidemiological and statistical data, supervised the maintenance of quarantine measures, helped in securing proper medical and surgical treatment for the sick; in short, they have made possible the practical utilization of valuable medical knowledge and experience for the promotion of health and welfare.

Unfortunately, a very large number of communities in the United States are still without a public health nursing service. It seems not to be realized that such a service constitutes a well-paying investment. Yet nothing has been more clearly demonstrated. Progressive health administrators who have had experience with public health nursing are unanimous in praise of the results obtained.

More than ever before there is great need for additional well-trained workers in this field. It is to be hoped the time is not far distant when every community throughout the United States will enjoy the benefits of a system of public health nursing, for experience has demonstrated that this is an invaluable measure for bringing the work of the health authorities to the people.

Why not at once take steps so that your community may enjoy the invaluable services of a public health nurse?

—*Public Health Reports,*
U. S. P. H. S.

NEWS OF THE DEPARTMENT

GLEANED FROM DIVISIONAL REPORTS FOR JUNE

DIVISION OF COMMUNICABLE DISEASES

Reported Cases of Notifiable Diseases in June

PREVALENCE. — In order of greatest reported prevalence in June, the notifiable diseases list as follows, with comparative figures for May given:

	Diseases	Reported Cases June	May
1.	Measles	2,512	2,626
2.	Tuberculosis	607	543
3.	Chickenpox	466	600
4.	Whooping cough	420	463
5.	Smallpox	403	567
6.	Scarlet fever	356	656
7.	Diphtheria	318	303
8.	Gonorrhea	278	280
9.	Mumps	232	616
10.	Syphilis	108	185
11.	Typhoid fever	107	53
12.	Ophthalmia neonatorum	95	101
13.	Pneumonia, acute lobar	63	124
14.	Influenza	50	1,102

For no other one notifiable disease was a total of 50 or more cases reported. Out of a total of 6,126 cases of notifiable diseases recorded to date of July 10, 4,887 cases were reported by cities, 80 percent of the entire amount as compared with 4,687 cases, 63 percent of the State total for June, 1917, and 4,354 cases, 52 percent of the State total for June, 1918, reported by the same health districts.

MEASLES. — A total of 2,512 cases of measles reported in June indicates a continued rise in measles prevalence. This month's reported total is 846 cases — 38 percent higher than the May total of 2,255 reported cases. An increase in measles prevalence is not unusual during the summer months. The average number of reported cases of measles for June, 1914-1918, is 2,475. This month's prevalence is largely confined to the north, northeastern and southwestern districts of the State. The cities reported 2,175 cases, or 86 per cent of the entire amount. Cities reporting 100 or more cases are, Toledo, 702 cases; Cleveland, 384 cases; Akron, 165 cases; Cincinnati, 156 cases; Lima, 127 cases and Youngstown, 120 cases.

CHICKENPOX. — This month's reported chickenpox prevalence is considerable less than that of recent months, but comparatively high as compared with chickenpox prevalence for the same month in previous years, being 103 percent higher than the average number of cases of this disease reported during the same month, 1914-1918.

SCARLET FEVER AND DIPHTHERIA. — Scarlet fever reports for June, as compared with last month's total, indicate a diminished prevalence of this disease. Not since 1914 have so few cases of scarlet fever been reported in June. This month's total of 365 cases is 81 cases less than the average of 437 reported scarlet fever cases for June, 1914-1918. Diphtheria, on the other hand, is

present in increased prevalence, 318 cases having been reported in June as compared with 282 in May and 285 in April.

Whooping Cough. — A total of 420 cases of whooping cough was reported during June, an increase of 116 cases as compared with 304 cases in May. All cases of whooping cough should be reported to this Department on case history cards, with requests for whooping cough arm bands, which this department provides. These arm bands afford protection to the public and comparative liberty to the patient. The cities of the State reported 314 cases, or 75 per-cent of this month's total.

Smallpox. — Delayed reports will undoubtedly increase the total of 403 cases of smallpox reported for June to date of July 12. As many as 171 smallpox cases were recorded for May from delayed reports received later than June 12. Smallpox prevalence for June is largely confined to the northeastern and southwestern districts in the State. Counties whose health districts reported a total of ten or more cases each are as follows: Mahoning 60, Cuyahoga 40, Marion 31, Butler 29, Lorain 27, Franklin and Hamilton Counties 25 each, Fayette 24, Tuscarawas 17, Belmont 15, Stark 14, Jefferson 13, Scioto and Lawrence 11 each.

Typhoid Fever. — This disease continues to show low prevalence throughout the State. During the month of June, 107 cases of typhoid fever were reported from State health officials and recorded in this office. The average number of reported tyhoid fever cases during June, 1914-1918, is 237 cases. In 1916, 281 cases; in 1917, 154 cases and in 1918, 192 cases of typhoid fever were reported during June. Sixty-six health districts, including 29 cities and representing 44 counties, reported this month's prevalence. Ironton reported seven cases, Bellaire and Cleveland five each, Cincinnati and Columbus four each and Marion, Toledo and Wellsville three each. The remaining prevalence is widely scattered.

Meningitis, Cerebrospinal — The reported prevalence of meningitis during June is nine cases, one case less than was reported during May, and three cases less than in April. The June distribution is as follows: Cincinnati 4 cases, Cleveland 2, Delphos, Mansfield and Lisbon one each.

Other Diseases. — Thirty-two cases of trachoma were reported by the cities. Portsmouth reported 27 of these. Twenty-eight cases of cancer were reported. Akron, Milford Township, Defiance County, and Union Township, Highland County, reported one case each of poliomyelitis. Six cases of tetanus were reported, as follows: Cleveland three, Port Clinton one, Groton Township, Erie County, one; Troy Township, Delaware County, one. A case of rabies was reported from Cincinnati. A case of tinea and five cases of impetigo were reported by Cleveland. Sylvania Township, Lucas County, reported a case of electrolisis. Only 50 cases of influenza were reported during June.

TABLE 1.—REPORTED CASES OF NOTIFIABLE DISEASES, OHIO, JUNE, 1917-1919, WITH DISTRIBUTION FOR CITIES AND FOR VILLAGES AND TOWNSHIPS, JUNE, 1919, AND ANNUAL CASE RATES PER THOUSAND POPULATION, JUNE, 1917-1919.

Disease.	June, 1919.			June, 1918.	June, 1917.	June Case Rates per 1000 population		
	Cities.	Villages and Townships.	Total.			1919	1918.	1917.
All Notifiable Diseases	4,781	1,239	6,020	8,420	7,443	1.131	1.600	1.429
Chickenpox	401	65	466	281	488	.088	.053	.094
Diphtheria	250	68	318	361	551	.060	.069	.106
Gonorrhea	268	10	278	1,223	120	.052	.232	.023
Influenza*	5	45	50	.....	.....	.009	.....	.....
Measles	2,175	337	2,512	1,455	2,413	.472	.276	.463
Measles, German	1	7	8	183	412	.002	.035	.079
Meningitis, cerebrospinal	8	1	9	21	62	.002	.004	.012
Mumps	70	162	232	580	295	.044	.110	.057
Ophthalmia neonatorum	90	5	95	121	113	.018	.023	.022
Pneumonia, acute lobar	50	13	63	85	147	.012	.016	.029
Pneumonia, broncho*	2	7	9	.....	.....	.002	.....	.....
Poliomyelitis	1	2	3	16	25	.001	.003	.005
Scarlet fever	256	100	356	400	610	.067	.076	.117
Smallpox	229	174	403	628	445	.076	.119	.085
Syphilis	107	1	108	387	52	.020	.074	.010
Trachoma	32	.....	32	58	30	.006	.011	.006
Tuberculosis, all forms	437	64	501	655	666	.094	.124	.128
Typhoid fever	63	44	107	192	154	.020	.036	.030
Whooping cough	314	106	420	1,733	810	.079	.329	.156
Other Notifiable Diseases	22	28	50	43	50	.009	.008	.010

* Not notifiable until October 11, 1918.

TABLE II.—REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH TOTAL CASE RATES PER 1,000 POPULATION, OHIO CITIES, JUNE, 1919.

City.	Total Case Rate Per 1000 Population.	Total Reported Cases.	Diphtheria.	Measles.	Meningitis, Cerebrospinal.	Pneumonia, Acute Lobar.	Poliomyelitis	Scarlet Fever.	Smallpox.	Tuberculosis, all forms.	Typhoid Fever.	Whooping Cough.
Total	1.248	3,783	250	2,175	8	50	1	256	229	437	63	314
Akron	3.278	298	11	165	....	5	1	11	1	47	2	55
Alliance	.912	19	2	5	....	1	....	....	8	2	1	....
Ashtabula	.301	7	1	.....	....	....	....	5	....	....	1	....
Athens	.130	1	.....	.....	....	1	....	....	....	....	....	....
Barberton	.710	10	9	.....	....	....	....	1	....	....	....	....
Bellaire	.441	7	.....	.....	....	2	....	....	....	....	5	....

TABLE II.—REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH TOTAL CASE RATES PER 1,000 POPULATION, OHIO CITIES, JUNE, 1919 — Continued.

City.	Total Case Rate Per 1000 Population.	Total Reported Cases.	Diphtheria.	Measles.	Meningitis, Cerebrospinal.	Pneumonia, Acute Lobar.	Poliomyelitis.	Scarlet Fever.	Smallpox.	Tuberculosis, all forms.	Typhoid Fever.	Whooping Cough.
Bellefontaine	.412	4		3							1	
Bowling Green	1.302	7		6				1				
Bucyrus	.520	5		1				1		2	1	
Cambridge	.350	5	1	1						2	1	
Canton	.560	40	6	17				4	5	8		
Chillicothe	.248	4						2	1		1	
Cincinnati	.838	419	40	156	4			98	20	87	4	10
Cleveland	.797	797	115	384	2	36		30	39	145	5	41
Columbus	.476	119	1	74				5	1	31	4	3
Conneaut	.106	1	1									
Coshocton	.080	1							1			
Dayton	.456	76		56				1		14	4	1
Defiance	.136	1									1	
Delphos	.905	5		3	1					1		
East Cleveland	.462	7		4								3
Elyria	3.675	75		73					2			
Findlay	5.695	85	1	83								1
Fostoria	1.424	16		14						1	1	
Fremont	.594	6	3	1						1	1	
Galion	.834	6	6									
Hamilton	.682	31	1						27	3		
Ironton	.560	8									7	1
Jackson	.161	1	1									
Kenton	.931	7		5				1		1		
Lakewood	1.080	18	5	5				2	1	5		
Lancaster	.472	8		5				1		1		1
Lima	4.590	153	2	127				18		4	2	
Lorain	.240	10	2	4				1	1	1	1	
Mansfield	.294	7		1	1	1		2		2		
Marion	.369	9	3	2					1		3	
Martins Ferry	.192	2	1						1			
Massillon	.880	22		22								
Middletown	1.020	17		3				3	2	3		6
New Philadelphia	.279	3						2		1		
Niles	.944	8		6							2	
Norwalk	.580	5		5								
Norwood	1.160	29		24		2		1	1	1		
Painesville	.504	3						2	1			
Piqua	.483	7	2	2				1		1	1	
Portsmouth	.705	23	5					1	11	5	1	
Ravenna	.153	1						1				
St. Marys	.492	3		1				1		1		
Salem	1.960	20		18								2
Sandusky	1.225	25		22						3		
Sidney	.402	3	3									
Springfield	.594	33		14					2	8		9
Steubenville	.462	14	1						7	6		
Tiffin	.390	5							3	2		
Toledo	4.975	995	13	702				54	9	33	3	181

TABLE II.—REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH TOTAL CASE RATES PER 1,000 POPULATION, OHIO CITIES, JUNE, 1919 — Concluded.

City.	Total Case Rate Per 1000 Population.	Total Reported Cases.	Diphtheria.	Measles.	Meningitis, Cerebrospinal.	Pneumonia, Acute Lobar.	Poliomyelitis.	Scarlet Fever.	Smallpox.	Tuberculosis, all forms.	Typhoid Fever.	Whooping Cough.
Troy	.314	2	.....	.....	....	....	....	....	....	1	1	....
Van Wert	3.328	26	1	25	....	....	....	....	....	....	....	....
Wapakoneta	.300	2	.....	.....	....	....	....	....	....	1	1	....
Warren	1.702	23	1	16	....	....	....	1	1	2	2	....
Washington C. H.	2.990	26	.....	.....	....	....	....	2	24	....	....	....
Wellston	.145	1	.....	.....	....	....	....	....	....	....	1	....
Wellsville	.432	4	.....	.....	....	....	....	....	....	1	3	....
Wooster	.668	4	1	.....	....	....	....	3	....	....	....	....
Xenia	.230	2	.....	.....	....	....	....	....	....	2	....	....
Youngstown	1.773	197	11	120	....	2	....	....	59	3	2	....
Zanesville	.155	5	.....	.....	....	....	....	....	....	5	....	....

*Omission of certain cities from this list is due to the following reasons: Ashland, Bellevue, Circleville, Delaware, Dover, Gallipolis, Greenville, Mt. Vernon, Nelsonville, St. Bernard and Urbana reported no cases of the diseases listed; East-Liverpool, Marietta and Newark failed to submit monthly summary reports in time for publication.

DIVISION OF PUBLIC HEALTH EDUCATION AND TUBERCULOSIS

Miss Hulda Cron, child hygiene nurse, was appointed acting director of Public Health Nursing Service June 1.

A child welfare exhibit and demonstration was conducted at the Methodist Centenary Celebration.

Belmont, Jefferson and Harrison Counties, together with the State Department of Health, were represented at a meeting of the county commissioners of Proposed Hospital District No. 7, at which it was decided to name a committee of one elector from each county to investigate the hospital project and report to the tentative board. The Tuscarawas County commissioners gave notice that they had discontinued discussion of the hospital project.

Commissioners of Wood and Seneca Counties voted to disband their joint board, following notice of the withdrawal of Hancock and Crawford counties from Proposed Hospital District No. 2. A meeting of outgoing and incoming commissioners of these two counties to continue consideration of the hospital project was arranged for August 20.

Two meeting of county commissioners in proposed Hospital District No. 6 were held in June. Licking, Fairfield, Perry and Coshocton counties were represented and the Zanesville chamber of commerce promised support

for the inclusion of Muskingum county in the district. Another meeting was set for August 21.

Tuberculosis hospital admissions and discharges in June are summarized as follows:

Institution	*Patients*	*Admissions*	*Discharges*
Ohio State San.	75	52	31
Butler Co. San.	7	5	1
Franklin Co. San.	58	33	33
Lucas Co. Tbc. Hosp.	50	23	32
Dayton Dist. Hosp.	27	19	13
Lima Dist. Hosp.	8	2	6
Springfield Dist. Hosp.	9	9	—
Springfield Lake San.	34	23	18
Mt. Logan San..	5	4	3
Rocky Glen San.	17	14	10
St. Anthony's Hosp.	9	6	6
Totals ...	229	191	153

The 41 notifications pending June 1 and 344 received during June were disposed of as follows: Referred to local public health nurses 276, investigated by Division nurses 53, referred to health departments of other states 2, histories found unobtainable 12, pending at end of month 42.

Work in June in behalf of discharged tuberculous soldiers, with totals since the beginning of this work, is summarized as follows:

	June	*Total*
Notifications received ...	16	935
Cases referred to public health nurses	13	632
Reports received from public health nurses...	10	377
Cases written directly...	3	297
Replies received	0	71
Cases visited by Division nurses	0	289
Cases admitted to sanatoria	2	52
Cases not found	1	151
Cases not heard from...	13	111

Changes in the local public health nursing service in the state included the following:

Lorain.—Miss Gertrude Allen has resumed her duties as public health nurse, which she gave up two years ago to go to Camp Kearney, California.

Springfield.—Miss Aileen E. Townsley and Miss Mary G. Gaffney have been appointed on the nursing staff of the city department of health.

Chillicothe.—Miss Effie May Folsom has resigned as public health nurse.

Cases of inflammation of the eyes of the newborn reported in June numbered 127, classified: By color, white 110, colored 14, unknown 3; by sex, male 75, female 48, unknown 4; by source of report, reported by physicians 37, by midwives 27, by nurses 19, by institutions 43, by laymen 1. Instructions were wired or telephoned to health officers in three cases and one case was provided with nursing care.

DIVISION OF INDUSTRIAL HYGIENE

Consulting Services of the Division have included the following: Effect of syphilis upon recovery from occupational disease; chemical plants are complying with provisions of the "lead law"; interpretations of samples submitted from chemical and rubber plants; improvement of record systems for factory medical departments; tuberculosis in the stove foundry industry; appraisal of the industrial hygiene work of the Framingham Tuberculosis demonstration with view to continuing the same and also giving the methods national application; applicants for positions and positions for applicants.

Investigative work has in-

cluded: Effects of inhalation of rubber dust; the extent of industrial medical supervision in Ohio (to be continued); present knowledge of anilin poisoning and wood alcohol poisoning; the review of the industrial hygiene work done by the Framingham Tuberculosis Demonstration.

PUBLICITY FEATURES have included: The distribution of educational pamphlets and report forms; the preparation of twenty-two industrial hygiene abstracts for *American Journal of Public Health;* articles on anilin poisoning and wood alcohol poisoning for *Modern Medicine;* and completion of the course of instruction of fifty-eight O. S. U. students in the theory of industrial hygiene and eleven students in public health problems. The Director and Consultant attended meetings of the American Association of Industrial Physicians and Surgeons and of the Committee on Appraisal of the Framingham Tuberculosis Demonstration at Atlantic City, June 8-11.

OCCUPATIONAL DISEASES reported to the Division were: Lead poisoning, 2 cases; para nitro benzol poisoning, 1 case; arsenic poisoning, 2 cases; anthrax, 1 case; tuberculosis in industrial workers (only small part of state covered) 233 cases.

RESIGNATION OF DIRECTOR: Dr. R. P. Albaugh, who has been Director of the Division of Industrial Hygiene for nearly four years, handed in his resignation to take effect June 30, 1919. Dr. Albaugh, who was also connected with the occupational disease survey made by the State Board of Health in 1913-15, has accepted a position as industrial medical supervisor with the Upson Nut Company, Cleveland, Ohio.

BUREAU OF PUBLICITY

Sixteen publicity stories were issued in June. Fourteen of these which were released through the weekly News Letter to all Ohio newspapers appeared, entirely or in part, in 172 papers in 93 communities in 68 counties, attaining a total of 3,575,061 printed copies.

A second printing of 25,000 copies of Health Education Bulletin 127, "On Guard," was delivered and an order for 25,000 copies of Health Education Bulletin 131, "The Ravage of the Innocents," was in the hands of the printer at the end of the month. Distribution of publications totaled 85,706 copies. Circular letters to mayors and township trustees' chairmen, outlining their duties under the Hughes Act, were prepared.

Twenty-two books and pamphlets, in addition to periodicals, were added to the Department Library in June.

DIVISION OF PLUMBING

The Division's representatives made seventy-six inspections in June. Fourteen conferences were held. Invenstigations totaled nine. Three orders were issued. Six sets of plans were approved. Thirty certificates of approval were issued.

DIVISION OF LABORATORIES

The Division made 2,545 examinations in June, of which 2,241 were bacteriological and 304 were chemical. The bacteriological examinations are summarized as follows:

Diphtheria, pos. 19, neg. 116, sus. 2, no growth 22	159
Tuberculosis, pos. 115, neg. 320, sus. 3	438
Typhoid, pos. 16, neg. 67, sus. 1	84
Wassermann, pos. 465, neg. 798, unsat. 153	1,416
Gonorrhea, pos. 15, neg. 35, unsat. 1	51
Malaria, pos. 0, neg. 2	2
Rabies, pos. 9, neg. 7, unsat. 1.	17
Water	51
Miscellaneous	23

Of the Wassermann examinations 301 were for venereal disease clinics, 451 for State institutions and 664 for private physicians.

Outfits were distributed in the following quantities: Diphtheria 190, tuberculosis 576, typhoid 284, Wassermann 2,188, gonorrhea 172, inflammation of eyes 24, malaria 44, feces 3, miscellaneous 600, chemical water 6, bacteriological water 56, triple typhoid vaccine 522, ophthalmia 2,842.

The chemical samples examined included 88 samples of foods and 17 of drugs. Reports on the foods were: satisfactory 36, misbranded 1 (apple cider), adulterated 14 (hamburger 2, maple syrup 1, milk 7, miscellaneous extracts 1, sausage 2, vinegar 1), insufficient information 37. The drugs were reported as follows: satisfactory 13, misbranded 3 (one ginger essence and two proprietaries), adulterated 1 (proprietary).

PUBLIC HEALTH NOTES FROM OVER THE STATE

Ashtabula Opens Clinic

Facilities for the opening of a venereal disease clinic at Ashtabula were ready early in July. Ashtabula is the State's eighteenth city to be established with a clinic, maintained jointly by the city, State and federal government.

Typhoid Highest in Country

Most of Ohio's typhoid fever is chargeable to rural districts, comparison of the large-city statistics presented in the June OHIO PUBLIC HEALTH JOURNAL with the figures for the State at large shows. The five largest cities in the State all had typhoid death rates under 10 per 100,000 population in 1918. For the State at large the rate was 14.6 per 100,000.

Laboratories Serve Physicians

Nearly 20,000 bacteriological examinations were made by the laboratories of the State Department of Health for Ohio physicians during the year which ended June 30, according to the annual report of the Division of Laboratories. Examinations for the diagnosis of suspected cases of disease are made free for physicians who comply with the rules of the department as to methods of packing and mailing specimens. Diseases included in the scope of laboratories' work are:

tuberculosis, diphtheria, typhoid fever, malaria, rabies, spyhilis and gonorrhea. A pamphlet issued for distribution to physicians gives full information regarding the laboratories.

May Nursing Report

Eighty-four local public health nurses in Ohio, reports of whose May activities have been filed with the State Department of Health, made 15,689 home visits and cared for 8,616 patients in that month. Toledo nurses, twenty-six in number, led those of other cities in volume of work accomplished; they made 5,787 home visits and had 4,492 patients under care. Tuberculosis cases — 3,032 in number — as usual were more numerous than those of any other class. Infant cases, other than eye cases, numbered 2,417.

INFORMATION REGARDING APPOINTMENTS AS DISTRICT HEALTH COMMISSIONER

(*Continued from page 255.*)

according to class, probably as follows: Class 1, $6,000; Class 2, $5,000; Class 3, $4,000; Class 4, $3,000; Class 5, $2,000. A district board of health will be at liberty to employ a health commissioner of any class which it may choose. Men of Classes 3 and 4 will probably predominate among the appointees. Health commissioners will be given opportunities for promotion to higher grades from time to time.

VIEWS OF THE PRESS ON PUBLIC HEALTH

The New Municipal Standard

Very illuminating is the story of two Ohio cities told by the State Department of Health. These cities are Wellsville and Ironton, with the unenviable distinction of having as many cases of typhoid fever in five months as two score of larger cities of the state had in the same period. Speaking exactly, these cities had 51 cases, while 80 remaining cities had 180 cases during the same period. Reduced to averages, while Ironton and Wellsville had an average of 25 cases each in five months, other cities had an average of three each.

Ironton is now taking steps to remedy its defective water supply and citizens of Wellsville are waking up to past dereliction. Consumption of untreated Ohio River water is not consistent with municipal health. When both cities have completed their works they will soon lose the sorry reputation which they have gained in this vital health respect.

Looking at the matter in its broader phases there is an interesting field for study opened here. Let comparisons be made among remaining cities of the state. The success of local municipal government may be told with greater accuracy in death and morbidity statistics than in any other form. If the state makes these comparisons, local communities may wince under the sting of the lashing that comes to them. But there should be no complaint in the revelations, rather obligation for demonstration of the manner in which the unfavorable showing can be converted into a favorable one. — *Cincinnati Enquirer.*

DISEASES NOTIFIABLE IN OHIO.

Report cases or suspected cases of the following diseases to the health officer having jurisdiction.

NOTIFIABLE INFECTIOUS DISEASES OF COMMON OCCURRENCE.

Chancroid.
Chickenpox.
Diphtheria and Membranous Croup.
Gonorrhea.
Influenza.
Measles.
Measles, German.
Meningitis, Epidemic Cerebrospinal.
Mumps.
Ophthalmia Neonatorum.
Pneumonia, Lobar.
Pneumonia, Broncho.
Poliomyelitis, acute infectious, (Infantile Paralysis).
Scarlet Fever.
Smallpox.
Syphilis.
Trachoma.
Tuberculosis, all forms, the organ or part affected to be specified.
Typhoid Fever.
Whooping Cough.

OTHER NOTIFIABLE INFECTIOUS DISEASES.

Actinomycosis.
Anthrax, human.
Cholera, Asiatic, (cholera nostras when Asiatic cholera is present or threatened).
Continued fever lasting seven days.
Dengue.
Dysentery:
a. Amebic.
b. Bacillary.
Favus.
Glanders, human.
Hookworm Disease.
Leprosy.
Malaria.
Paragonimiasis.
Paratyphoid Fever.
Plague.
Rabies, human.
Rocky Mountain spotted, or tick fever.
Septic sore throat.
Tetanus.
Trichinosis.
Typhus Fever.
Yellow Fever.

OCCUPATIONAL DISEASES AND DISABILITIES.

Anilin Poisoning.
Arsenic Poisoning.
Benzine (Gasoline) Poisoning.
Benzol Poisoning.
Bisulphide of Carbon Poisoning.
Brass Poisoning.
Carbon Monoxide Poisoning.
Compressed-air Illness.
Dinitrobenzine Poisoning.
Lead Poisoning.
Mercury Poisoning.
Naphtha Poisoning.
Natural Gas Poisoning.
Phosphorus Poisoning.
Turpentine Poisoning.
Wood Alcohol Poisoning.

Any other diseases or disability contracted as a result of the nature of the person's employment.

DISEASES OF UNKNOWN ORIGIN.

Cancer.
Pellagra.

Ohio's Typhoid Death Rate Has Gradually Declined in the Past Nine Years But in the Tenth Year the Decline Stopped

1910
1909 27.8
26.5

1913
23.9

1911
22.4

1912 1914
18.4 18.1

1916
1915 15.0
14.1 1917
13.1

1918
14.6

Note – This page was torn from the May (1918) issue of the O.P.H.J.

1919 ?

~~1918~~ ?

What Will 1918 Show?

The question now is:
WHAT WILL 1919 SHOW?